Post-Survey on Knowledge, Attitudes and Practices on Family Planning among Public and Industry-based Health Care Providers

FINAL REPORT
March 2006

Commissioned by:

AED
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The Social Acceptance Project – Family Planning

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FROM THE AMERICAN PEOPLE

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I. INTRODUCTION

A. Research Background & Objectives

The Academy for Educational Development (AED) was awarded a contract from USAID/Philippines popularly known as *"The Social Acceptance Project - Family Planning (TSAP-FP)".* The goal of the project is to contribute to a greater social acceptance of family planning among the Filipino public. The project applies communication and social mobilization strategies targeted at the general public, health service providers, opinion leaders and influentials and decision-makers to openly support family planning programs and practice. The project has three components: Behavior Change Communication, Social Mobilization and Health Provider Component.

In line with its Health Provider Component and recognizing that health service providers play a key role in providing information and counseling on family planning and user of methods to the general public, TNS TRENDS was commissioned last September 2003 to conduct a baseline survey that looked into the prevailing knowledge, attitudes, beliefs and practices on family planning among health care providers in public health facilities/hospitals and industry clinics (codenamed Project Clarity). The study was meant to help AED develop interventions in selected project sites that equipped health care providers with the correct and latest research-based information on specific family planning methods to counter whatever personal biases, misperceptions or misinformation they have on the different family planning methods. Ultimately, an increase in acceptance of family planning as part of the routine health package in public health facilities/hospitals and industry clinics was envisioned.

After the baseline survey, TSAP-FP developed interventions to address the need for building the capacity and enhancing the knowledge and skills of health providers in providing evidence-based family planning information and counseling. TNS TRENDS was again commissioned to conduct a follow-up survey to determine the effects of these interventions on health providers' knowledge, attitudes, beliefs and practices on family planning.

A. Research Background & Objectives (cont'd)

Survey details and methodology in this follow up survey (Project Clarity 2) were parallel to the baseline survey to make the results comparable.

Using data from Project Clarity as baseline, the post-survey on Knowledge, Attitude, Beliefs and Practices on Family Planning among Public Health and Industry-based Health Care Providers aims to:

1. Determine if there is an increase in level of knowledge on reproductive health and on the mechanism of action and side-effects of specific *modern* family planning methods – namely, pills, injectable, IUD, male and female sterilization, condom, mucus/billings and basal body temperature and traditional family planning methods namely calendar and withdrawal among health providers;

2. Determine changes in attitudes, beliefs and biases, and misconceptions of health providers on specific family planning methods;

3. Identify changes in practices of health providers related to providing information and prescribing usage of family planning methods;

4. Find out if there are changes in how health providers keep themselves updated on medical science in general and on their specific knowledge of Evidence-Based Medicine;

B. Location

As in the baseline, the post-survey was conducted in the following areas:

- Metro Manila
- Metro Cebu and Industrial zones of Cebu
- Metro Davao
- Industrial zones of Cavite, Laguna, Batangas and Pampanga

C. Respondent and Quota

Licensed health providers who provide family planning services in public health facilities/hospitals and industry clinics, including:

- Doctors (Obstetricians/Gynecologists, General Practitioners and Family Medicine Practitioners)
- Midwives (Hospital-based, Rural health Unit, Barangay Health Station Midwives)
- Nurses (Hospital-based, Rural Health Unit, and in Industry Clinics).

Since the census in 2003 was done only among health providers (HPs) who worked in public health facilities (Manila, Cebu, Davao) and industry clinics (Calabarzon, Pampanga and Cebu) and that, not all AED-trained HPs came from public health facilities, TNS TRENDS recommended to include a special quota of AED-trained HPs in order to get sufficient base to compare knowledge, attitudes and practices of HPs trained and not trained by AED. The list of trained HPs were provided by AED.

Public health facilities/hospitals refer to government hospitals, provincial hospitals, district hospitals, city hospitals, rural health units and barangay health stations/centers.

Industry clinics refer to clinics located within the industrial sites that are either within or outside company premises. Company clinics outside the industrial sites are those accredited by a company to provide health services to its employees.

C. Respondent and Quota (cont'd)

REPRESENTATIVE SAMPLE

AREA	SPECIALIZATION			
	Doctors	Nurses	Midwives	**TOTAL**
Metro Manila	100	100	100	**300**
Metro Cebu and Metro Davao	75	100	100	**275**
Industrial Zones	75	100	0	**175**
TOTAL	**250**	**300**	**200**	**750**

same with baseline survey

SPECIAL QUOTA SAMPLE OF TSAP-FP TRAINED HEALTH PROVIDERS

SPECIALIZATION	TOTAL TRAINED
Doctors	52
Nurses	102
Midwife	106
TOTAL	**260**

C. Respondent and Quota (cont'd)

INCIDENCE

TRAINED BY TSAP-FP BASED ON CLARITY 1 CENSUS

PROFESSION	CENSUS	NO. OF HPs TRAINED BY TSAP-FP IN CENSUS	INCIDENCE OF HPs TRAINED BY TSAP-FP IN CENSUS
TOTAL HPs	3,030	315	10%
Doctors	751	43	6%
Nurses	1,056	74	7%
Midwives	1,223	198	16%

TRAINED BY TSAP-FP BASED ON REPRESENTATIVE SAMPLE

PROFESSION	REP SAMPLE	TSAP-FP TRAINED HPs IN REP	INCIDENCE OF HPs TRAINED BY TSAP-FP IN REP
TOTAL	750	105	14%
Doctors	250	23	9%
Nurses	300	37	12%
Midwives	200	45	23%

D. Methods and Procedures

To yield representative figures in the study areas, census-based population weights were applied to the various area domains. Appropriate projection factors were applied so that original population proportions are reflected in the data tables using this formula:

$$\text{Projection Factors (weights)} = \frac{\text{Population}}{\text{No. of Interviews}}$$

DOCTORS

Study Area	Population	Sample	Weights
NCR	538	100	5.38000
Metro Cebu/Davao	129	75	1.85333
Industrial Zones	84	75	1.12000

NURSES

Study Area	Population	Sample	Weights
NCR	663	100	6.63000
Metro Cebu/Davao	164	100	1.64000
Industrial Zones	229	100	2.29000

MIDWIVES

Study Area	Population	Sample	Weights
NCR	936	100	9.36000
Metro Cebu/Davao	287	100	2.87000
Industrial Zones	-	-	-

Respondents are selected using a systematic random sampling from a census* listing of HPs as sampling frame. This means that each health provider within each category (field expertise and area) had an equal chance of being chosen. However, if a sampled health provider is no longer connected with the health facility or industry clinic, the interviewer substituted him/her with the health provider currently working in the facility who replaced the sampled HP.

AED's list of trained HPs was used as sampling frame for the special quota.

Face to face interview using a structured questionnaire was used in the study.

The questionnaire used in the baseline survey on HPs was the same instrument used in the post-survey.

** PROJECT CLARITY: A Census and KAP among Health Providers commissioned by AED/TSAP-FP, April 2004*

E. Fieldwork

TRAINING

Training was conducted simultaneously in Quezon City, Cebu City and Davao City. The minimum training time for Group Supervisors and interviewers was one week.

Training activities included:

- One or two days office training to learn the basics of the project;
- Mock interviews with co-workers to get accustomed to the flow of interviewing and questionnaire format; and
- Practice interviews with a supervisor around until the interviewer can be left on her own.

ACTUAL FIELDWORK

Field interviewers who carried out the interviews were locals who spoke the dialect of the area. A Field Interviewer (FI) was left on her own only after she has conducted three (3) successive interviews without committing any error in interviewing and recording.

SUPERVISION

Three (3) supervisors reporting to the Field Manager monitored the study full-time. They observed interviews, did follow-ups and surprise checks on the research team. They also ensured that field logistics were received promptly and administered properly.

SPOT CHECKING

Spot-checking was done in various stages of field work. The first one took place after about 30% interviews were completed. The second spot-checking was conducted after 60% completion and the last one, immediately after 90% completion of interviewing.

During the spot-checking, around 20% of the finished interviews were back-checked. If serious errors persisted after 20% spot-checking, the original interviews were invalidated and respondents re-interviewed. An error was considered serious if dishonesty in recording was apparent or if there was a serious misinterpretation of the study such that it resulted in the wrong information.

If some questionnaires were found incomplete or had inconsistent answers, the interviewer was asked to go back to the respondent to complete and correct the questionnaire.

E. Fieldwork (cont'd)

FIELD EDITING

A respondent not contacted during the first attempt were visited for a second time. If the respondent remains unavailable, a substitute who possesses the same background (in terms of gender, age bracket, and field of expertise) as the original respondent was interviewed.

After each interview, the field interviewer was asked to go over her own work and check for consistency. All accomplished interview schedules were submitted to the assigned group supervisor who, in turn, edited every interview. Office editors conducted a final consistency check on all interviews prior to coding.

DATA PROCESSING

- Interview sheets were edited/checked twice before the information were coded;
- Double encoding for verification was done; and
- A data entry computer program further checked the consistency of the encoded data before data tables were generated.
- Design of data tables were submitted to client for approval.

F. Timelines

ACTIVITY	DATE
Fieldwork (Baseline survey)	September 12 - November 5, 2003
Fieldwork (Post-survey)	October 21 – December 18, 2005 January 2 – 16, 2006
Data processing	January 17-February 3, 2006
Topline presentation (FP Providers)	March 13, 2006
Submission of draft full report (FP Providers)	March 31, 2006
Review and acceptance of draft full report (FP Providers)	April 1-14, 2006
Submission of final full report (FP Providers)	April 28, 2006
Submission of written report (Doctors)	May 15, 2006
Review and acceptance of draft full report (Doctors)	May 16-22, 2006
Submission of final full report (Doctors)	May 29, 2006

G. How to Read Tables

Below are some guidelines in reading the data tables in this report.

1. Percentages are derived from the base value given at the top of each table (in the “base – total line”)

2. An asterisk (*) indicates that the percentage is equal or less than 1%

3. A blank cell indicates nil.

4. Values sometimes add to slightly less or slightly more than the indicated total due to the rounding process used by the computer.

5. In reading data, it should be borne in mind that a base of 31 – 99 respondents is considered a small base, 30 or lower is considered a very small base. Therefore, analyze the corresponding data with caution.

6. **“Weighted” figures are projected based on census results. This should not be mistaken as the sample size nor used for testing significance.**

II. EXECUTIVE SUMMARY

II. Executive Summary

Overall, TSAP-FP's training among HPs have significantly improved their knowledge, attitudes and practice on FP.

1. KNOWLEDGE ON FAMILY PLANNING METHODS

HPs' overall knowledge on the mechanism of action of FP methods improved in the post-survey (61-79%), especially among those trained by TSAP-FP (97%).

- Midwives (92%) continue to score better compared to nurses and doctors (71%).
- Although there are no significant changes in HP's knowledge on when pregnancy begins and if spinal anesthesia is required before performing ligation, more trained HPs, however, know that spinal anesthesia is not required before performing tubal ligation (80% vs. 71%).
- On the other hand, more HPs now know that Pap smear is not required before recommending FP methods (24-32%), especially those trained by TSAP-FP (35% vs. 28%).

TABLE A. HEALTH PROVIDER'S OVERALL KNOWLEDGE ON FAMILY PLANNING METHODS

	TOTAL HP		WITH SQ	
	BASELINE (BL)	POST-SURVEY (PS)	TRAINED	NOT TRAINED
Base:Total respondents (WTD)	3250	3040		
(UNWTD)	750	750	260	645
	%	%	%	%
A. TOTAL HP (75% and over correct answers)*	61	**79** ↑	**97** ↑	73
Doctors	46	71	89	68
Nurses	58	71	100	68
Midwives	72	**92** ↑	99	90
B. WHEN DOES PREGNANCY BEGIN				
After implantation of fertilized egg in the endometrium	32	35	30	31
When fertilization occurs	68	65	69	69
C. SPINAL ANESTHESIA NOT REQUIRED BEFORE LIGATION				
Not required	75	75	**80** ↑	71
D. PAP SMEAR NOT REQUIRED BEFORE RECOMMEND ANY FP METHOD				
Not required	24	**32** ↑	**35** ↑	28

- significant at 95% confidence level

** Chronbach Alpha used to measure internal consistency of test items*

II. Executive Summary

2. PERCEPTION AND ATTITUDES OF HPs

- Self-assessment of HPs public image as FP providers continue to be very positive. In fact, HPs, particularly those trained by TSAP-FP, have become more inclined to FP:
  - Ninety-one percent think that modern contraceptives should be easily available to prevent unwanted pregnancies;
  - More are inclined to recommend contraceptives to an unmarried woman; and,
  - Fewer give importance to the partner's approval before a patient can use a FP method (49-39%).
- Although HPs' attitude towards FP is more open, 65% admit that religious teachings affect the type of methods they recommend to patients. This attitude is de-emphasized with those trained by TSAP-FP (52%).

TABLE B. PERCEPTIONS AND ATTITUDES OF HEALTH PROVIDERS

	% AGREE			
	TOTAL HP		WITH SQ	
	BL	PS	TRAINED	NOT TRAINED
Base: Total respondents (WTD)	3250	3040		
(UNWTD)	750	750	260	645
PERCEPTION ON FP PROVIDERS *"Doctors/midwives/nurses who offer FP services have a negative image in the Philippines"*	8	8	9	11
GENERAL ATTITUDES TOWARD FP *"It is important to make modern contraceptive product easily available so we can reduce the number of unplanned pregnancies"*	87	**91** ↑	91	89
"I am reluctant to recommend contraceptives to an unmarried woman"	73	**48** ↓	**40** ↓	48
"If the husband/wife/partner does not approve of the FP method, then a woman/man should not use or practice the method"	49	**39** ↓	**32** ↓	43
ROLE OF RELIGION *"Religious teachings in the Philippines affect the types of FP methods that I recommend to my patients"*	59	**65** ↑	**52** ↓	64

- significant at 95% confidence level

II. Executive Summary

3. PRESCRIBING PRACTICES

A great majority, particularly HPs trained by TSAP-FP, still prefer to recommend modern FP methods than traditional methods. [Table C]

Among those who do not recommend traditional methods, high failure rate is the main reason cited by HPs (65-67%). Further, no training and no knowledge about the method has declined as a reason for not recommending natural FP methods. [Table D/E]

Consistent with HP's openness towards FP, more are: [Table F/G]

- Prescribing modern FP methods to unmarrieds, i.e. oral pill and injectable; and,
- Not requiring spousal consent before providing any modern FP method.

II. Executive Summary

TABLE C. FAMILY PLANNING METHODS RECOMMEND

	% MENTIONS			
	TOTAL HP		WITH SQ	
	BL	PS	TRAINED	NOT TRAINED
Base: Total respondents (WTD)	3250	3040		
(UNWTD)	750	750	260	645
Modern Methods				
Oral pill	97	97	**100**	97
Ligation	94	96	**98**	94
Male condom	93	**96**	**99**	95
Injectable	93	94	**99**	91
IUD	92	92	**97**	89
Vasectomy	76	**90**	**97**	86
LAM	94	95	**96**	91
Mucus/Billings	66	**74**	75	74
Thermometer	57	**68**	70	67
Sympto-thermal	52	**68**	69	66
Standard days'	52	**66**	65	65
Traditional Methods				
Calendar/rhythm	75	**67**	**50**	74
Withdrawal	45	43	**29**	45

- significant at 95% confidence level

II. Executive Summary

TABLE D. REASONS WHY NEVER RECOMMEND TRADITIONAL FP METHODS

	METHOD			
	Calendar		Withdrawal	
Total who recommend method (WTD)	BL 804	PS 1002	BL 1764	PS 1749
(UNWTD)	188	223	432	430
	%	%	%	%
High failure rate	65	65	60	**67** ↑
Inconvenient/difficult for patients to use	11	**30** ↑	9	**17** ↑
No training/ not enough knowledge	7	2	3	*
Difficult to explain to patients	6	10	*	*

TABLE E. NO TRAINING/NOT ENOUGH KNOWLEDGE FOR NATURAL FP METHODS

	% MENTIONS (No training/not enough knowledge)			
	TOTAL HPs		WITH SQ	
	BL	PS	TRAINED	NOT TRAINED
Standard days	56	**39** ↓	40	40
Sympto-thermal	41	**32** ↓	32	37
Mucus/billings	32	**22** ↓	23	23
BBT/thermometer	26	**16** ↓	21	20

Base: Total who do not recommend (method)

II. Executive Summary

TABLE F. PERCENT WILLING TO RECOMMEND FP METHODS TO UNMARRIEDS

FP METHOD	% WILLING TO RECOMMEND FP METHODS TO UNMARRIED			
	TOTAL HPs		WITH SQ	
	BL	PS	TRAINED	NOT TRAINED
Male Condom	55	50	53	52
Oral pill	28	**39**	44	39
Injectable	14	**24**	22	22
IUD	13	16	18	16
Ligation	7	8	8	6
Vasectomy	7	6	7	6

Base: Total who do not recommend (method)

TABLE G. PERCENT REQUIRING SPOUSAL CONSENT BEFORE PRESCRIBING FP METHODS

FP METHOD	% REQUIRING SPOUSAL CONSENT BEFORE PROVIDING FP METHODS			
	TOTAL HPs		WITH SQ	
	BL	PS	TRAINED	NOT TRAINED
Male condom	33	**24**	**18**	27
Oral pill	42	**31**	**24**	34
Injectable	50	**33**	**28**	37
IUD	51	**39**	**29**	43
Ligation	80	**74**	**64**	76
Vasectomy	75	**67**	**58**	69

Base: Total who do not recommend (method)

II. Executive Summary

4. SOURCES OF KNOWLEDGE ON MEDICAL SCIENCE

Training, seminars and conferences are still HP's primary source of information to keep themselves updated on medical science (84%).

However, there is a decline in reading medical journals/magazines (53-42%) but an increase in reading books (9-16%) and in surfing the internet (11-16%) in the post-survey.

HPs not trained by TSAP-FP are inclined to read medical journals/magazines (39% vs. 32%), books (13% vs. 8%) and surf the internet (20% vs. 11%).

TABLE H. SOURCES OF KNOWLEDGE ON MEDICAL SCIENCE

	% MENTIONS			
	TOTAL HP		WITH SQ	
	BL	PS	TRAINED	NOT TRAINED
Base: Total respondents (WTD)	3250	3040		
(UNWTD)	750	750	250	645
Attend trainings/seminars/conferences	**84**	**84**	**96** ↑	**81**
Read medical journals/magazines	53	**42** ↓	32	**39** ↑
Read books	9	**16** ↑	8	**13** ↑
Read leaflets/pamphlets	6	6	3	4
Surf internet	11	**16** ↑	11	**20** ↑

*only comments above 5% are shown

- significant at 95% confidence level

5. AWARENESS OF FAMILY PLANNING-RELATED LITERATURE/GUIDELINES

Level of awareness of Evidence-Based Medicine or EBM (19-46%) and WHO Medical Eligibility Criteria for Starting Contraceptive Methods (13-22%) significantly increased in the post-survey. However, there is no significant change in the level of awareness of the "Green Book."

More HPs trained by TSAP-FP are aware of these FP-related literature/guidelines.

TABLE I. AWARENESS OF FP-RELATED LITERATURE/GUIDELINES

	% AWARE			
	TOTAL HP		WITH SQ	
	BL	PS	TRAINED	NOT TRAINED
Base: Total respondents (WTD)	3250	3040		
(UNWTD)	750	750	260	645
Evidence-Based Medicine	19	**46** ↑	**95** ↑	5
WHO Medical Eligibility Criteria for Starting Contraceptive Methods	13	**22** ↑	**33** ↑	20
Green Book	53	51	**64** ↑	44

- significant at 95% confidence level

III. KEY FINDINGS

III-A. SAMPLE CHARACTERISTICS

III-A. Sample Characteristics

1. GENERAL CHARACTERISTICS

Except for place of work, socio-demographic profile of baseline and post-survey samples are comparable. Majority are: [Table 1]

- married (75%);
- females (91%);
- Roman Catholics (85%); and,
- between 30-49 years old (74%).

2. PLACE OF WORK

As expected, most respondents come from public health facilities (90%), particularly health centers (44%).

However, fewer HPs are sampled from health centers in the post-survey because of the absence of doctors, whereas DOH-retained and city/provincial hospitals are better staffed.

III-A. Sample Characteristics (cont'd)

TABLE 1. SOCIO-DEMOGRAPHIC CHARACTERISTICS (REPRESENTATIVE SAMPLE)

Base: Total respondents (WTD)	BL 3250	PS 3040		BL 3250	PS 3040
(UNWTD)	750	750		750	750
	%	%		%	%
PLACE OF WORK			**GENDER**		
Health center	56	44	Male	10	9
DOH-retained hospital	7	14	Female	90	91
City/provincial hospital	10	13			
Industry clinic	13	10	**CIVIL STATUS**		
BHS	6	7	Single	22	20
RHU	4	4	Married/Living-in	74	75
Lying-in-clinic	4	5	Separated	2	2
District hospital	*	3	Widow/widower	2	2
AGE GROUP			**RELIGION**		
20-29	11	8	Roman Catholic	83	85
30-39	46	43	Iglesia ni Cristo (INC)	5	3
40-49	30	31	Born Again	2	3
50-59	9	15	Protestant	2	2
60 and over	4	3	Others	7	6

III-B. KNOWLEDGE ON FAMILY PLANNING METHODS

III-B. Knowledge on Family Planning Methods

3. WHETHER FAMILY PLANNING METHODS CAUSES ABORTION

There is an increase in the belief that none of the FP methods is abortifacient (70-75%). This increase is more dramatic among TSAP-FP trained HPs (85% vs. 71%). [Chart 1]

Consequently, there is a decrease in the belief that the IUD causes abortion (20-16%). Hence, fewer trained HPs cite the IUD, oral pill and injectable as methods that cause abortion. [Table 2]

4. KNOWLEDGE ON PRESCRIBING FAMILY PLANNING METHODS

No significant changes in HPs' knowledge on when pregnancy begins and if spinal anesthesia is required before performing ligation. However, more HPs now know that Pap smear is not required before recommending FP methods (24-32%), especially those trained by TSAP-FP (35% vs. 28%). [Chart 2/3/4]

Training has not made a significant difference as regards knowledge on when pregnancy begins and on Pap smear requirement before prescribing a method. [Chart 5/7]

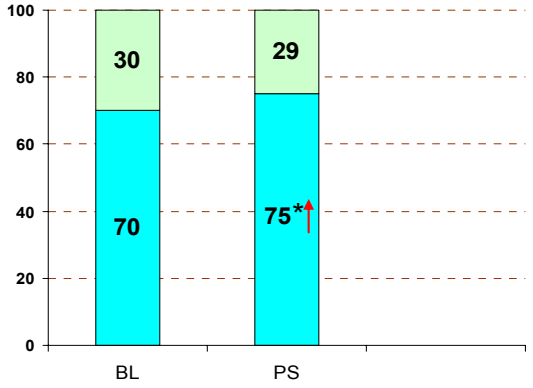
However, more trained HPs know that spinal anesthesia is not required before tubal ligation (80% vs. 71%). [Chart 6]

III-B. Knowledge on Family Planning Methods (cont'd)

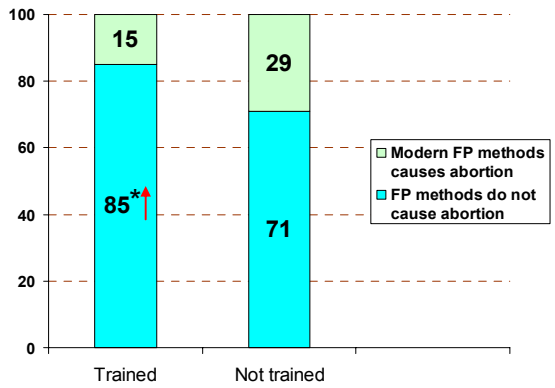
CHART 1. WHETHER FAMILY PLANNING METHODS CAUSE ABORTION OR NOT

Base: Total respondents

REPRESENTATIVE SAMPLE



TRAINED vs. NOT TRAINED



*significant at 95% confidence level

TABLE 2. MODERN METHOD WHICH CAUSES ABORTION

	TOTAL HP (%)		WITH SQ (%)	
	BL	PS	TRAINED	NOT TRAINED
Base: Total respondents (WTD)	3250	3040		
(UNWTD)	750	750	260	645
	%	%	%	%
IUD	20	16 ↓	10	20 ↑
Oral pill	12	10	4	10 ↑
Injectable	6	4	2	5 ↑

*only commentsabove 5% are shown

- significant at 95% confidence level

III-B. Knowledge on Family Planning Methods (cont'd)

REPRESENTATIVE SAMPLE

CHART 2.
WHEN DOES PREGNANCY BEGIN
Base: Total respondents

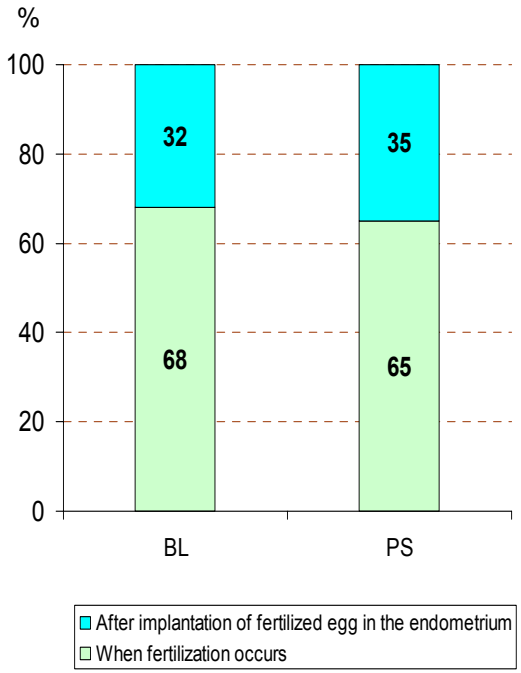


CHART 3.
SPINAL ANESTHESIA NOT REQUIRED BEFORE TUBAL LIGATION
Base: Total respondents

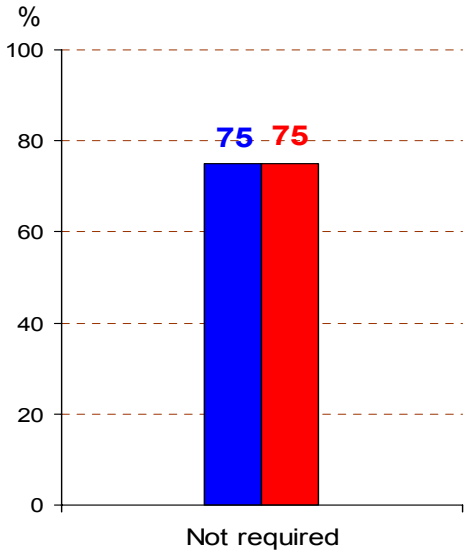
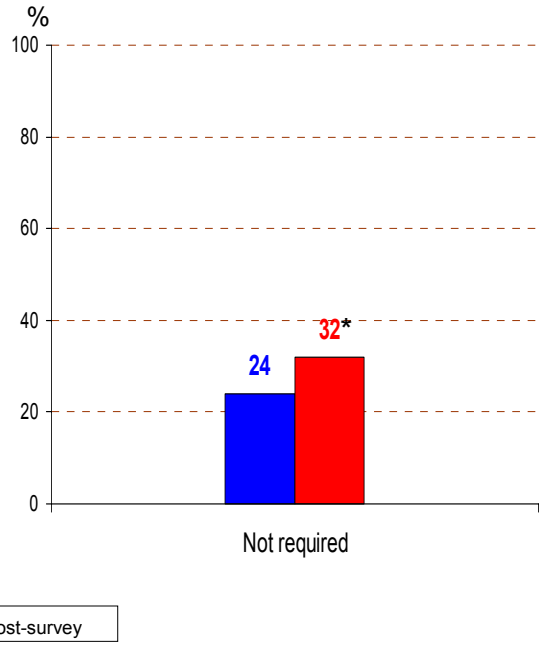


CHART 4.
PAP SMEAR NOT REQUIRED BEFORE PRESCRIBING ANY FP METHOD
Base: Total respondent



*significant at 95% confidence level

III-B. Knowledge on Family Planning Methods (cont'd)

TRAINED vs. NOT TRAINED

CHART 5.
WHEN DOES PREGNANCY BEGIN
Base: Total respondents

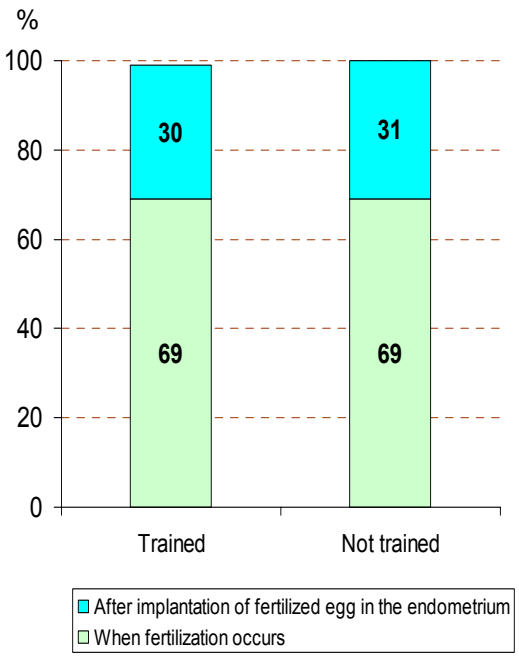


CHART 6.
SPINAL ANESTHESIA NOT REQUIRED BEFORE TUBAL LIGATION
Base: Total respondents

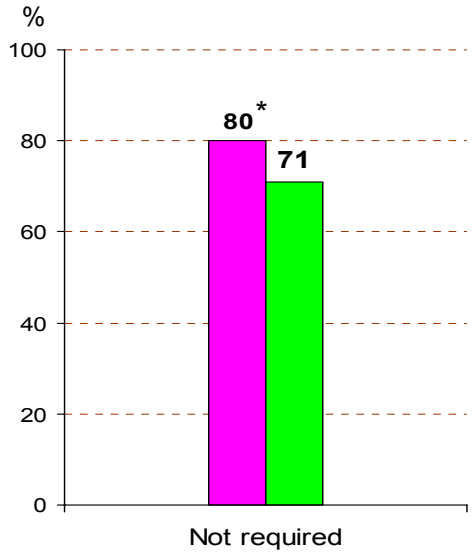
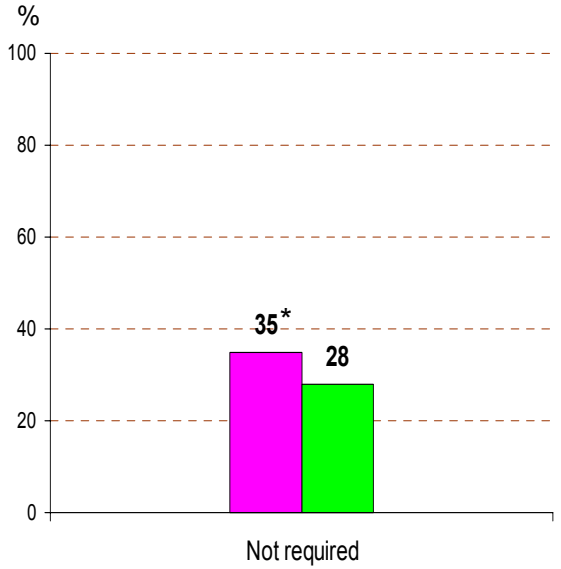


CHART 7.
PAP SMEAR NOT REQUIRED BEFORE PRESCRIBING ANY FP METHOD
Base: Total respondents



*significant at 95% confidence level

III-B. Knowledge on Family Planning Methods (cont'd)

5. KNOWLEDGE ON MECHANISM OF ACTION OF FAMILY PLANNING METHODS

There is a marked improvement with HPs' overall knowledge on the mechanism of action of FP methods in the post survey (61-79%), especially those trained by TSAP-FP (97% vs. 73%).

Midwives (92%) continue to score better compared to nurses and doctors (71%).

Improvement in HP's overall knowledge on FP is demonstrated by the decrease of misconceptions towards various modern FP methods.

TABLE 3. KNOWLEDGE ON FAMILY PLANNING METHODS*

	TOTAL HP (%)								WITH SQ (%)	
	HP		DOCTORS		NURSES		MIDWIVES		TRAINED	NOT TRAINED
	BL	PS	BL	PS	BL	PS	BL	PS		
GOOD (75% and over correct answers)	61	79↑	46	71↑	58	71↑	72	92↑	97↑	73
FAIR (51% -74% correct answers)	30	15	42	21	30	20	24	8	2	19↑
POOR (less than 51% correct answers)	9	6	12	8	13	9	4	*	*	8↑

Base: Total respondents

- significant at 95% confidence level

** Chronbach Alpha used to measure internal consistency of test items*

III-B. Knowledge on Family Planning Methods (cont'd)

6. MECHANISM OF ACTION: ORAL PILL

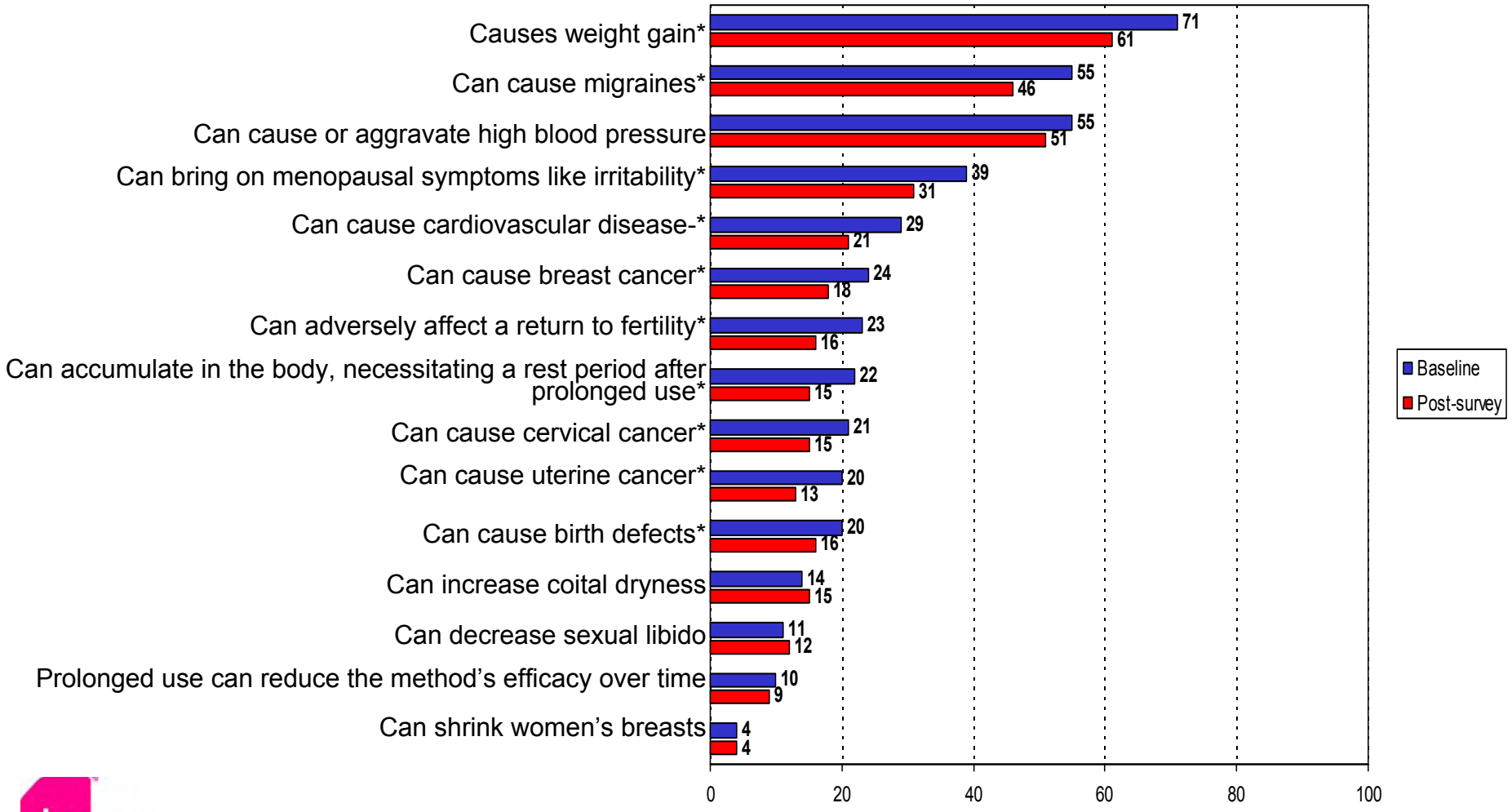
Fewer HPs in the post-survey, particularly those trained by TSAP-FP, believe the following misconceptions about the oral pill: [Chart 8/9]

- oral pill causes weight gain (71-61%);
- can cause migraines (55-46%);
- bring on menopausal symptoms like irritability (39-31%);
- cause cardiovascular disease (29-21%);
- cause breast cancer (24-18%);
- adversely affect a return to fertility (23-16%);
- accumulate in the body necessitating a rest period after prolonged use (22-15%);
- cause cervical cancer (21-15%);
- cause uterine cancer (20-13%); and,
- cause birth defects (20-16%).

III-B. Knowledge on Family Planning Methods (cont'd)

CHART 8. PERCENT WHO SAID STATEMENT IS TRUE FOR ORAL PILL

Base: Total respondents

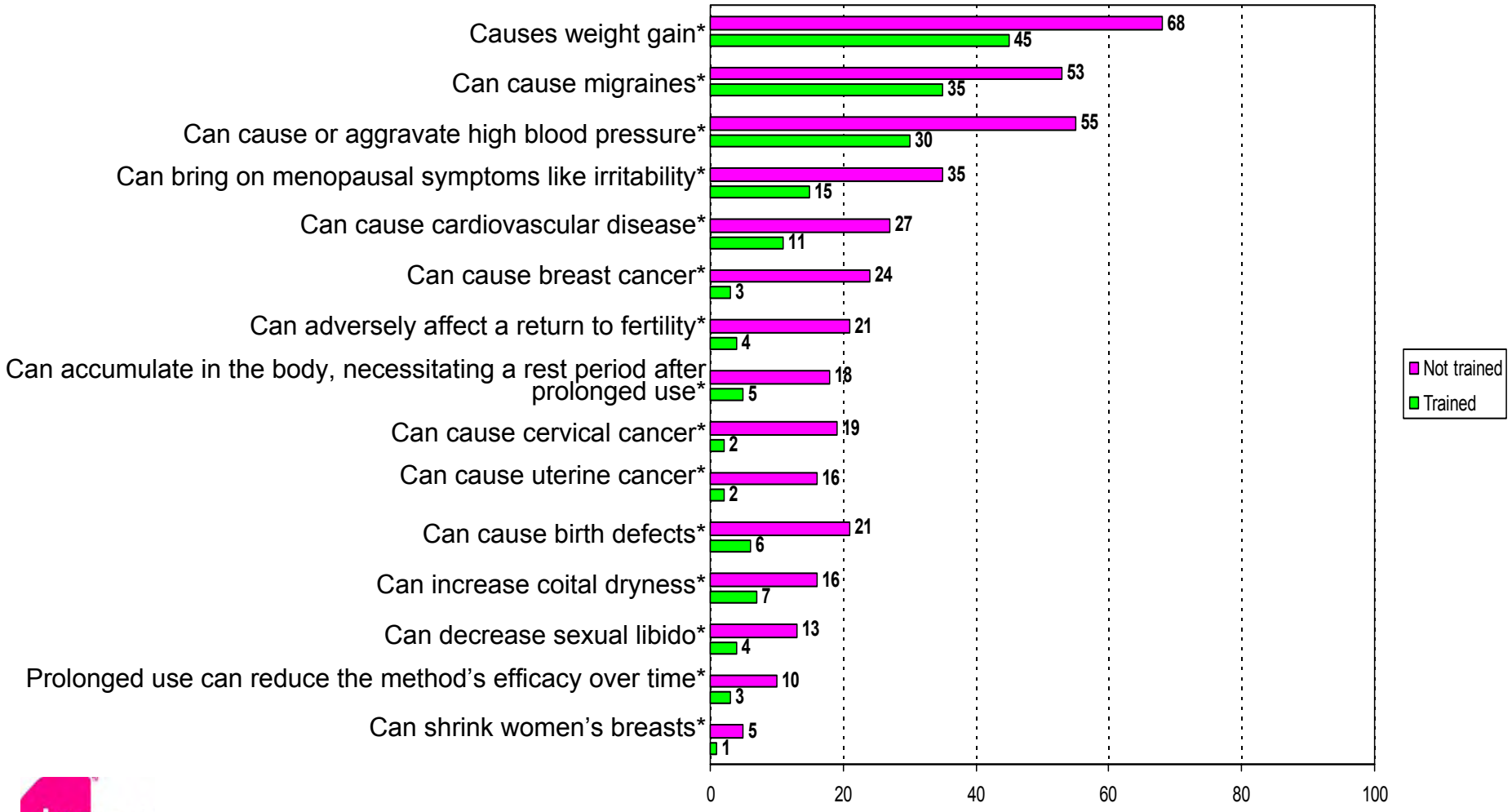


*significant at 95% confidence level

III-B. Knowledge on Family Planning Methods (cont'd)

CHART 9. PERCENT WHO SAID STATEMENT IS TRUE FOR ORAL PILL (TRAINED vs. NOT TRAINED)

Base: Total respondents



*significant at 95% confidence level

III-B. Knowledge on Family Planning Methods (cont'd)

7. MECHANISM OF ACTION: INJECTABLE

More HPs, especially those trained by TSAP-FP, are more knowledgeable in the mechanism of action of injectables. This is seen in the decreased proportion of HPs who believe that misconceptions on injectables are true. [Chart 10/11]

- can cause amenorrhea leading to or aggravating high blood pressure (43-33%);
- can cause migraines (40-31%);
- can bring on menopausal symptoms like irritability (32-25%); and,
- can adversely affect a return to fertility (29-20%).

8. MECHANISM OF ACTION: IUD

No significant change is observed in the proportion of HPs who believe the statements on IUD is true. [Chart 12]

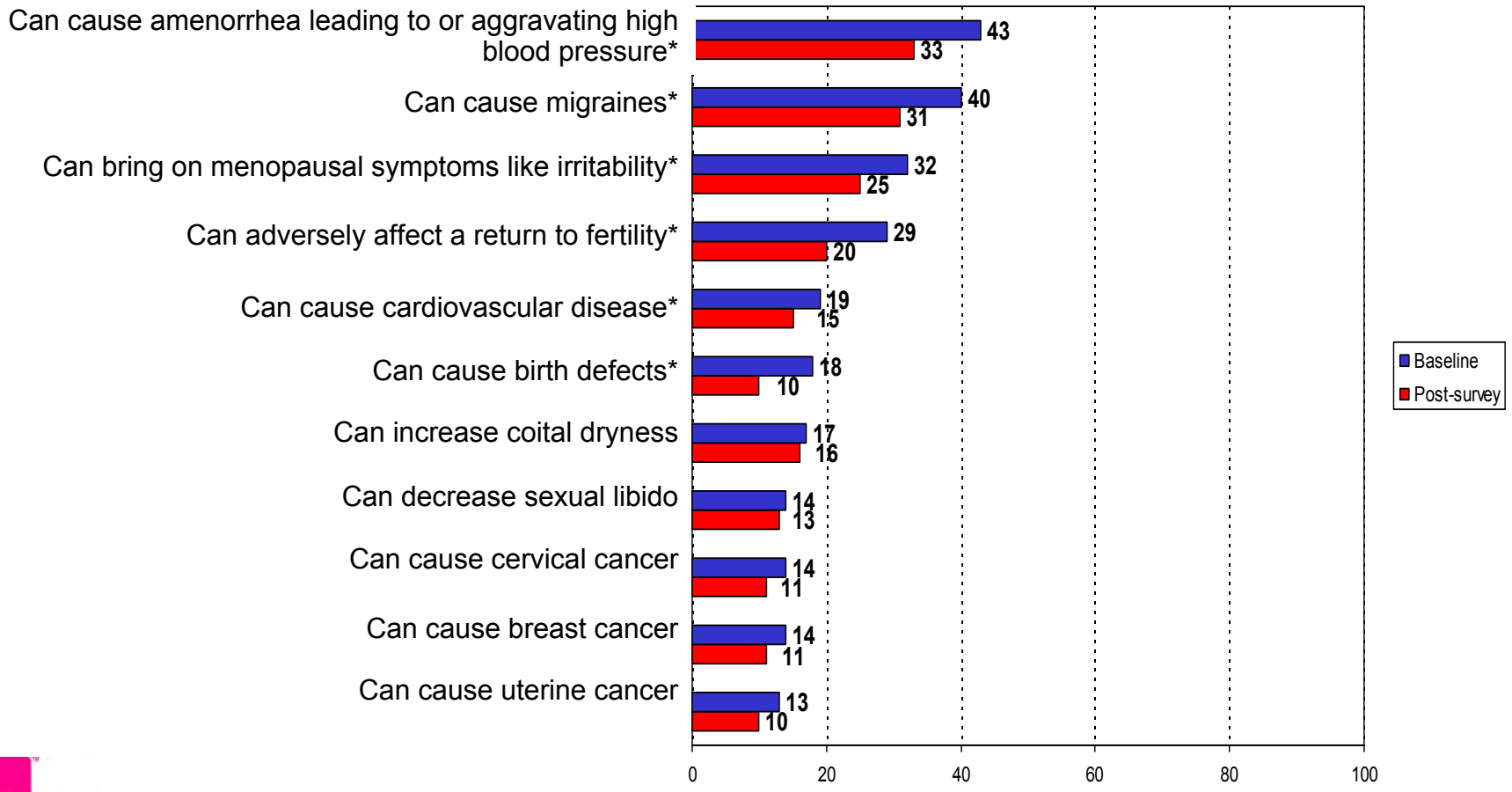
However, fewer HPs trained than those not trained consider the statements about IUD true: [Chart 13]

- can cause pelvic infection (28% vs. 49%);
- can cause abortion (14% vs. 31%);
- physical exertion can cause an IUD to "fall out" (11% vs. 21%);
- has an "opening effect" on the uterus (9% vs. 20%); and,
- can harm the penis during sexual intercourse (4% vs. 15%).

III-B. Knowledge on Family Planning Methods (cont'd)

CHART 10. PERCENT WHO SAID STATEMENT IS TRUE FOR INJECTABLE

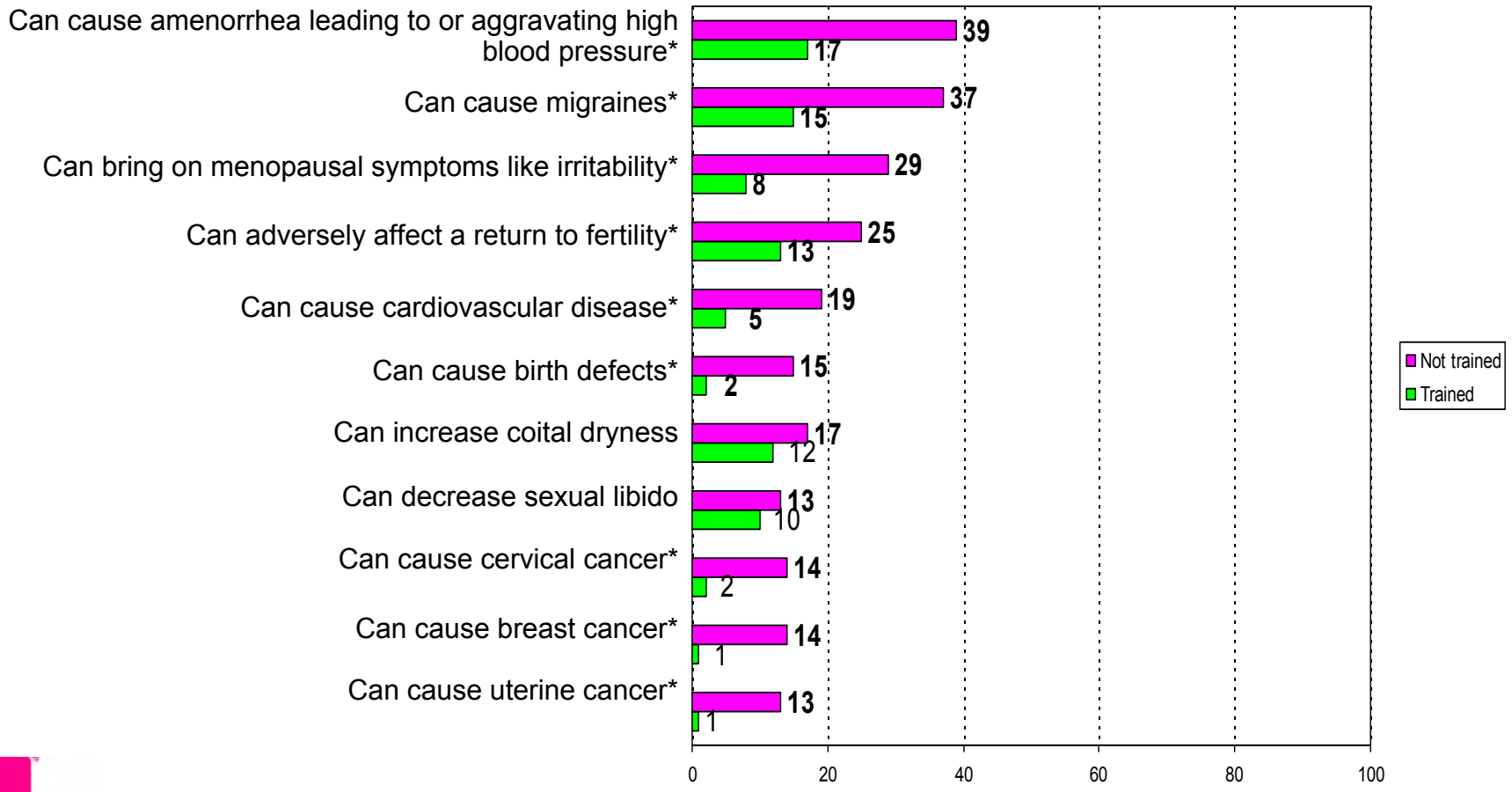
Base: Total respondents



*significant at 95% confidence level

III-B. Knowledge on Family Planning Methods (cont'd)

CHART 11. PERCENT WHO SAID STATEMENT IS TRUE FOR INJECTABLE (TRAINED vs. NOT TRAINED)
Base: Total respondents

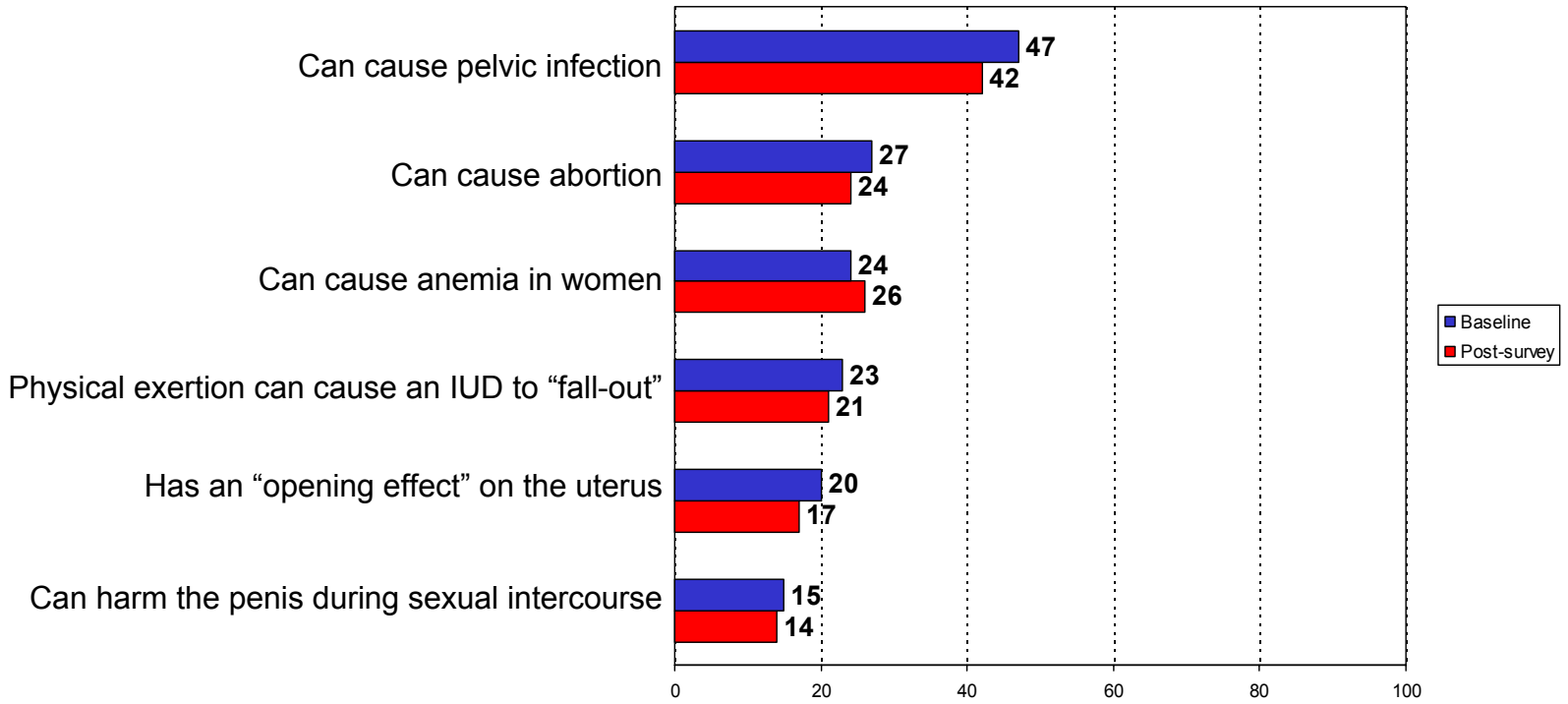


*significant at 95% confidence level

III-B. Knowledge on Family Planning Methods (cont'd)

CHART 12. PERCENT WHO SAID STATEMENT IS TRUE FOR IUD

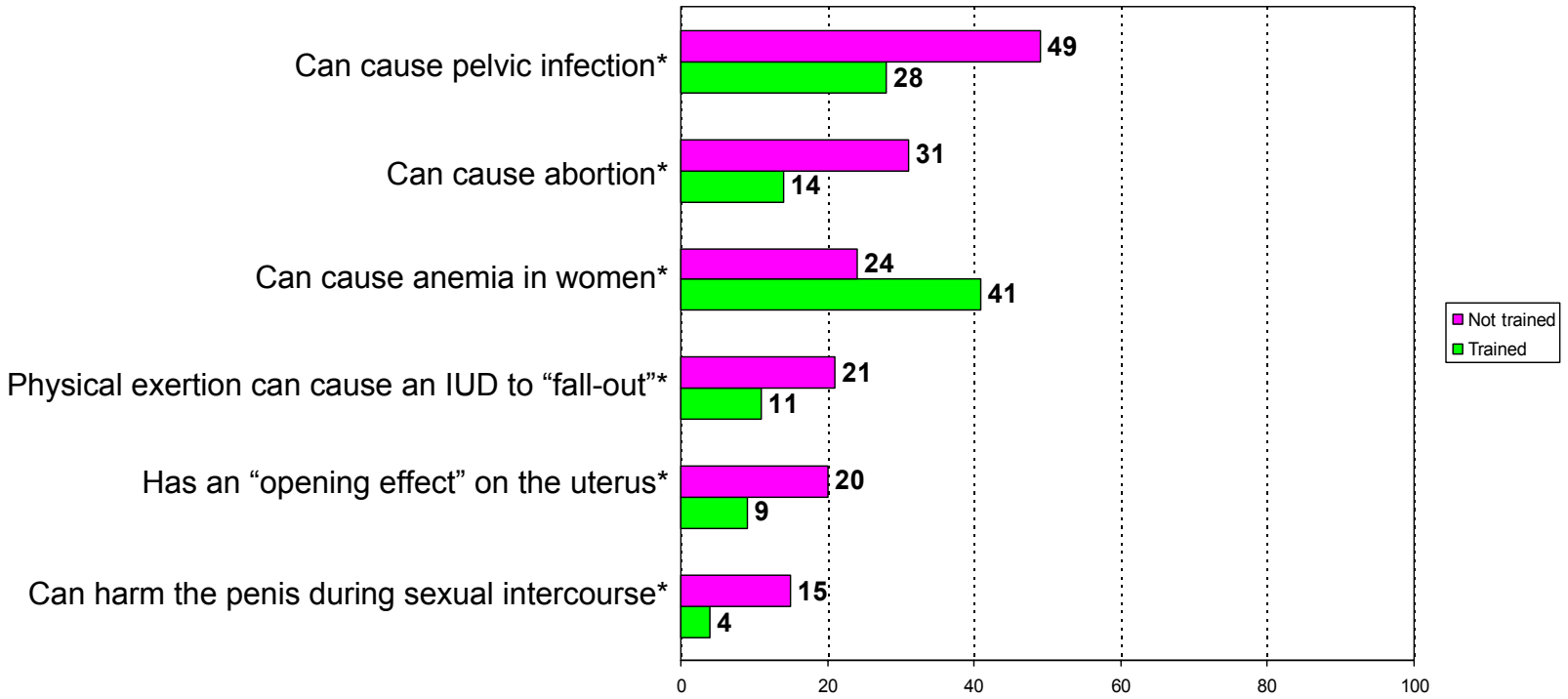
Base: Total respondents



III-B. Knowledge on Family Planning Methods (cont'd)

CHART 13. PERCENT WHO SAID STATEMENT IS TRUE FOR IUD (TRAINED vs. NOT TRAINED)

Base: Total respondents



*significant at 95% confidence level

III-B. Knowledge on Family Planning Methods (cont'd)

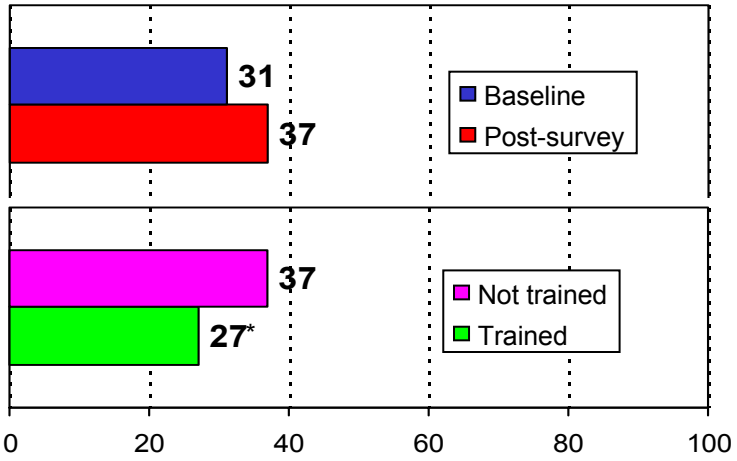
9. MECHANISM OF ACTION: STANDARD DAYS' METHOD

There is no significant change in the number of HPs who say that the contraceptive protection of the standard days' method is very comparable with that of hormonal contraceptives and IUD. On the other hand, more trained HPs believe that the statement is true (27% vs. 37%).

CHART 14. PERCENT WHO SAID STATEMENT IS TRUE FOR STANDARD DAYS' METHOD

Base: Total respondents

The contraceptive protection of the standard days' method is very comparable with that of hormonal contraceptives and IUDs



*significant at 95% confidence level

III-B. Knowledge on Family Planning Methods (cont'd)

10. MECHANISM OF ACTION: LIGATION/VASECTOMY

As in the baseline survey, very few HPs find statements about ligation (3-8%) and vasectomy (3-19%) true. In fact, none of the trained HPs believe that the statements about vasectomy are true. [Chart 15/16]

Moreover, fewer trained HPs believe that ligation does not cause::

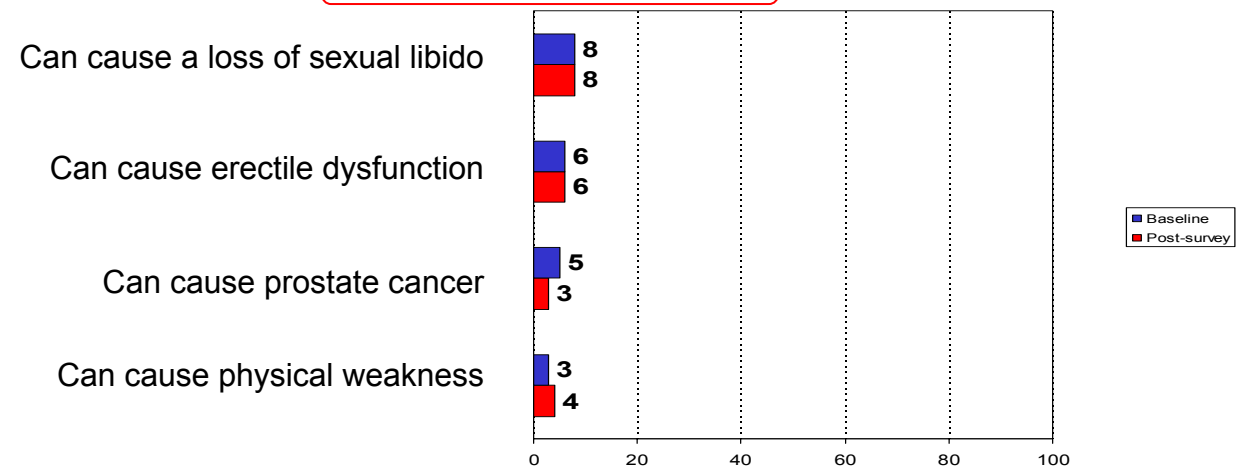
- Ectopic pregnancy (10% vs. 31%);
- Abnormal uterine bleeding (2% vs. 6%);
- Loss of sexual libido (2 vs. 5%); and
- Myoma (0% vs. 4%)

III-B. Knowledge on Family Planning Methods (cont'd)

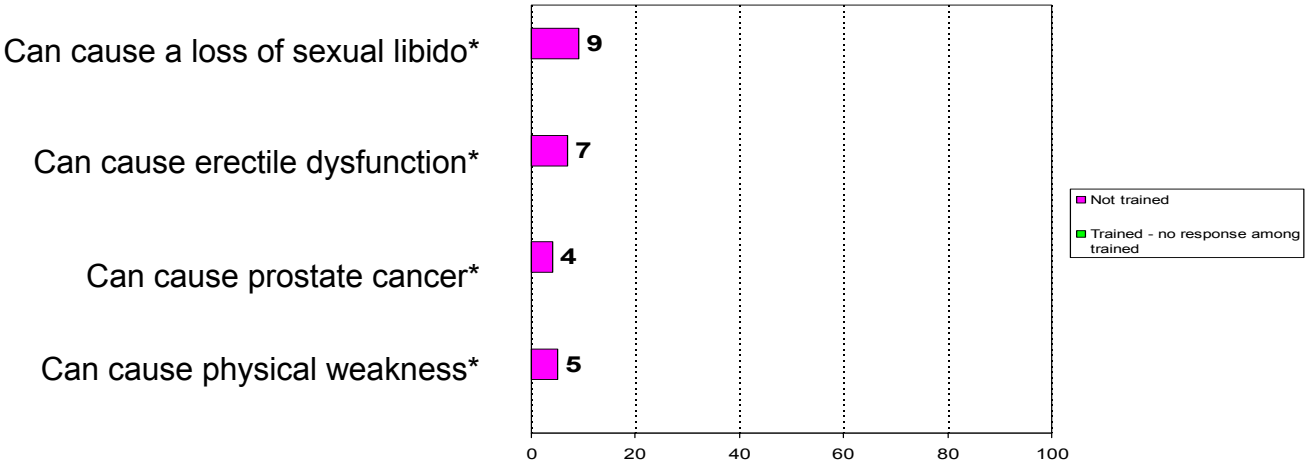
CHART 15. PERCENT WHO SAID STATEMENT IS TRUE FOR VASECTOMY

Base: Total respondents

REPRESENTATIVE SAMPLE



TRAINED vs. NOT TRAINED



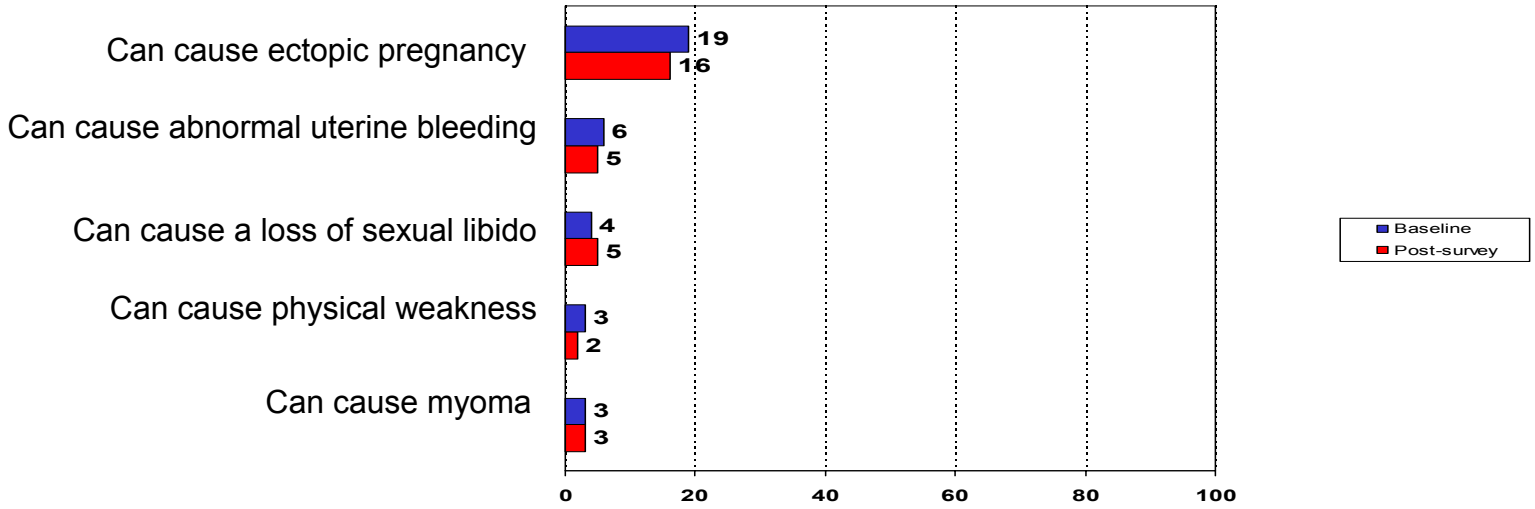
*significant at 95% confidence level

III-B. Knowledge on Family Planning Methods (cont'd)

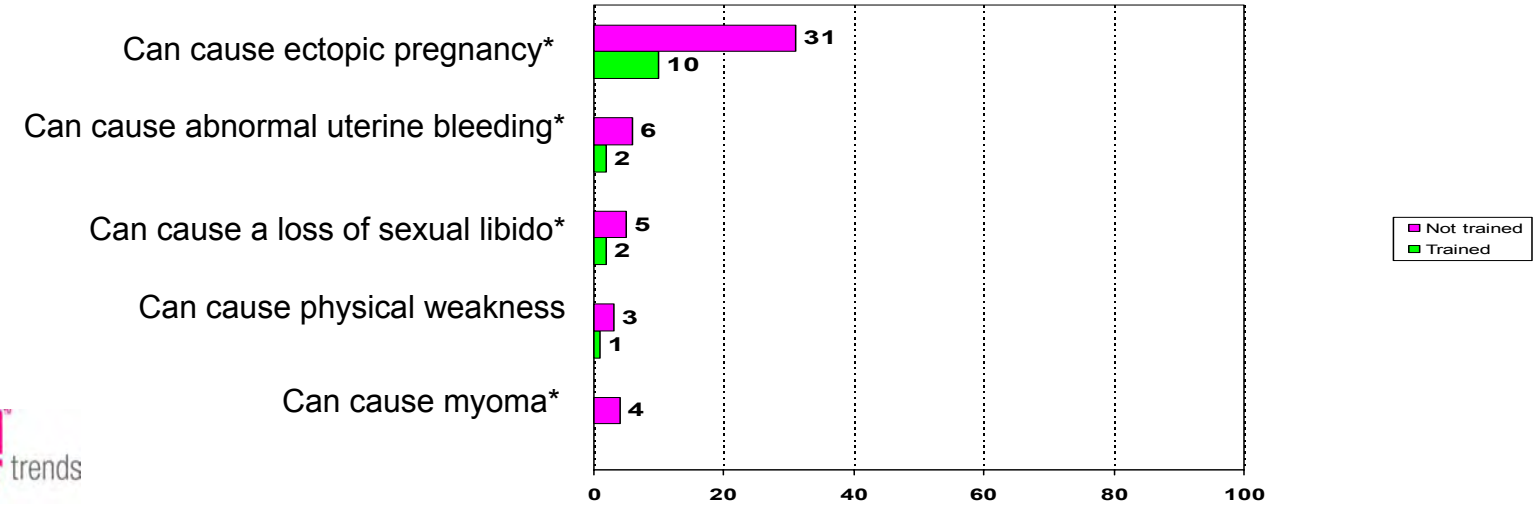
CHART 16. PERCENT WHO SAID STATEMENT IS TRUE FOR LIGATION

Base: Total respondents

REPRESENTATIVE SAMPLE



TRAINED vs. NOT TRAINED



*significant at 95% confidence level

III-C. ATTITUDES OF HEALTH PROVIDERS

III-C. Attitudes of Health Providers

11. HPs PUBLIC IMAGE

Self assessment of HPs public image as FP providers continue to be very positive. [Table 4a]

12. ATTITUDES ON FP

While virtually all HPs uphold that health risks increases for women who give birth to too many children (97%), HPs attitudes toward FP, particularly those trained by TSAP-FP, have also become more open:

- More think that modern contraceptives should be easily available to prevent unwanted pregnancies (87-91%);
- More are not reluctant to recommend contraceptives to an unmarried woman (27-52%); and,
- More do not give importance to the partner's approval before a patient can use a FP method (51-61%).

However, 65% of HPs still admit in the post-survey that religious teachings affect the type of methods they recommend to patients. The issue of religion, on the other hand, is less apparent among those trained by TSAP-FP. (52% vs. 64%; 12% vs. 20%) [Table 4b]

More patients are asking about FP in the post-survey (41-66%). HPs, however, are less inclined to voluntarily bring up the subject of contraception with patients (88-74%) except among those trained by TSAP-FP (81% vs. 57%).

All HPs believe that they should inform their patients about the advantages/disadvantages of FP methods (99%). However, 31% of HPs still think that they should be the ones to decide on what FP methods should be used by the patient.

Further, 79% of HPs interviewed claim that most patients do not think that medical services offered in the private sector is better than the services offered in the public health facilities. This is more evident among HPs trained by TSAP-FP (86% vs. 71%).

III-C. Attitudes of Health Providers (cont'd)

TABLE 4a. PERCEPTIONS AND ATTITUDES OF HP's TOWARD FP

	% AGREE				% DISAGREE			
	TOTAL HP		WITH SQ		TOTAL HP		WITH SQ	
	BL	PS	TRAINED	NOT TRAINED	BL	PS	TRAINED	NOT TRAINED
Base: Total respondents (WTD)	3250	3040			3250	3040		
(UNWTD)	750	750	260	645	750	750	260	645
PERCEPTION ON FP PROVIDERS								
"Doctors/midwives/nurses who offer FP services have a negative image in the Philippines"	8	8	9	11	92	92	91	89
HEALTH RISKS								
"Health risks increase for women who give birth to too many children"	98	97	98	96	-98	3	2	4
GENERAL ATTITUDES TOWARD FP								
"It is important to make modern contraceptive product easily available so we can reduce the number of unplanned pregnancies"	87	91 ↑	91	89	13	9 ↓	9	11
"I am reluctant to recommend contraceptives to an unmarried woman"	73	48 ↓	40 ↓	48	27	52 ↑	60 ↑	52
"If the husband/wife/partner does not approve of the FP method, then a woman/man should not use or practice the method"	49	39 ↓	32 ↓	43	51	61 ↑	68 ↑	57

- *significant at 95% confidence level*

III-C. Attitudes of Health Providers (cont'd)

TABLE 4b. PERCEPTIONS AND ATTITUDES OF HP's TOWARD FP

	% AGREE				% DISAGREE			
	TOTAL HP		WITH SQ		TOTAL HP		WITH SQ	
	BL	PS	TRAINED	NOT TRAINED	BL	PS	TRAINED	NOT TRAINED
Base: Total respondents (WTD)	3250	3040			3250	3040		
(UNWTD)	750	750	260	645	750	750	260	645
ROLE OF RELIGION								
"Religious teachings in the Philippines affect the types of FP methods that I recommend to my patients"	59	65 ↑	52 ↓	64	41	35 ↓	48 ↑	36
"It is against my religious beliefs to recommend any non-natural FP methods"	18	17	12 ↓	20	82	83	88 ↑	80
DISCUSSION WITH PATIENTS								
"Very few patients ask me about FP"	59	34 ↓	19 ↓	43	41	66 ↑	81 ↑	57
"I only discuss contraception when a patient brings up the subject"	12	26 ↑	15 ↓	30	88	74 ↓	85 ↑	70
"A doctor/midwife/nurse should tell their patients the advantages and disadvantages of FP methods"	99	99	98	99	*	*	2	*
"Health providers should decide on the FP method for their patient"	28	31	22 ↓	32	72	69	78 ↑	68
MEDICAL SERVICES (PUBLIC vs. PRIVATE)								
"Most patients think that medical service offered in the private sector is better than the medical service offered in the public sector"	18	21	14 ↓	29	82	79	86 ↑	71

- significant at 95% confidence level

III-D. PRESCRIBING PRACTICES

III-D. Prescribing Practices

13. FP METHODS RECOMMEND

A great majority of HPs, especially those trained by TSAP-FP, still prefer to recommend modern than traditional FP methods. [Table 5]

In fact, there was a significant increase in the recommendation of modern FP methods particularly, male condom (93-96%), vasectomy (76-90%), mucus/billings (66-74%), thermometer (57-68%), sympto-thermal (52-68%) and standard days (52-66%).

Although the promotion of calendar method declined (75-67%), 43% of HPs interviewed still continue to recommend withdrawal in the post-survey. However, among HPs trained by TSAP-FP, recommendation is lower at 29%.

For child spacing, HPs highly recommend modern FP methods particularly oral pill (94%), male condom (92%), injectable (85%) and IUD (84%). On the other hand, permanent methods are preferred for limiting child births, particularly among HPs trained by TSAP-FP. [Table 6/7]

HPs not trained by TSAP-FP are more likely to promote traditional methods for birth spacing as well as injectable, IUD and oral pill for limiting child births.

14. REASONS WHY NEVER RECOMMEND METHOD

Among HPs who do not recommend traditional FP methods to their patients, high failure rate is the main reason cited (65-67%). [Table 8]

On the other hand, not having enough training and knowledge about the method has declined as a reason for not recommending natural FP methods. [Table 9]

III-D. Prescribing Practices (cont'd)

TABLE 5. FAMILY PLANNING METHODS RECOMMENDED

	TOTAL HP (%)		WITH SQ (%)	
	BL	PS	TRAINED	NOT TRAINED
Base: Total respondents (WTD)	3250	3040		
(UWTD)	750	750	260	645
Modern Methods				
Oral pill	97	97	100 ↑	97
Ligation	94	96	98 ↑	94
Male condom	93	96 ↑	99 ↑	95
Injectable	93	94	99 ↑	91
IUD	92	92	97 ↑	89
Vasectomy	76	90 ↑	97 ↑	86
LAM	94	95	96 ↑	91
Mucus/Billings	66	74 ↑	75	74
Thermometer	57	68 ↑	70	67
Sympto-thermal	52	68 ↑	69	66
Standard days'	52	66 ↑	65	65
Traditional Methods				
Calendar/rhythm	75	67 ↓	50 ↓	74
Withdrawal	45	43	29 ↓	45

- significant at 95% confidence level

III-D. Prescribing Practices (cont'd)

TABLE 6. FAMILY PLANNING METHODS RECOMMEND FOR CHILD SPACING

	% MENTIONS			
	TOTAL HP		WITH SQ	
	BL	PS	TRAINED	NOT TRAINED
Base: Total respondents (WTD)	3250	3040		
(UWTD)	750	750	260	645
Modern Methods				
Oral pill	94	94	97	94
Male condom	90	92	96 ↑	90
Injectable/DMPA	87	85	94 ↑	80
IUD	79	84 ↑	92 ↑	81
LAM	91	92	92 ↑	88
Mucus/Billings	61	71 ↑	72	69
Thermometer	54	64 ↑	68	62
Sympto-thermal	48	64 ↑	66	62
Standard days'	46	64 ↑	63	62
Traditional Methods				
Calendar	73	62 ↓	49 ↓	69
Withdrawal	45	40	29 ↓	42

- significant at 95% confidence level

TABLE 7. FAMILY PLANNING METHODS RECOMMEND FOR LIMITING CHILD BIRTHS

	% MENTIONS			
	TOTAL HP		WITH SQ	
	BL	PS	TRAINED	NOT TRAINED
Base: Total respondents (WTD)	3250	3040		
(UWTD)	750	750	260	645
Oral pill	4	15 ↑	9	16 ↑
Ligation	92	95 ↑	98 ↑	93
Injectable/DMPA	7	20 ↑	11	20 ↑
IUD	14	19 ↑	9	19 ↑
Vasectomy	75	89 ↑	97 ↑	86

**only comments above 10% are shown*

- significant at 95% confidence level

III-D. Prescribing Practices (cont'd)

TABLE 8. REASONS WHY NEVER RECOMMEND TRADITIONAL FAMILY PLANNING METHODS

	METHOD			
	Calendar		Withdrawal	
Base: Total who recommend method (WTD)	BL 804	PS 1002	BL 1764	PS 1749
(UNWTD)	188	223	432	430
	%	%	%	%
High failure rate	65	65	60	67 ↑
Inconvenient/difficult for patients to use	11	30 ↑	9	17 ↑
No training/ not enough knowledge	7	2	3	*
Difficult to explain to patients	6	10	*	*

- *significant at 95% confidence level*

III-D. Prescribing Practices (cont'd)

TABLE 9. REASONS WHY NEVER RECOMMEND NATURAL FAMILY PLANNING METHODS

Base: Total who recommend method (WTD) (UNWTD)	METHODS							
	BBT/Thermometer		Mucus/Billings		Standard days		Sympto-thermal	
	BL	PS	BL	PS	BL	PS	BL	PS
	1372	971	1109	797	1572	1028	1535	980
	333	252	270	206	364	273	356	257
	%	%	%	%	%	%	%	%
No training/ not enough knowledge	26	16 ↓	32	22 ↓	56	39 ↓	41	32 ↓
Inconvenient/difficult for patients to use	39	44	27	40 ↑	10	22 ↑	23	23
Difficult to explain to patients	13	24 ↑	23	33 ↑	8	13 ↑	17	32 ↑
High failure rate	11	16	14	17	7	16 ↑	6	15 ↑

- significant at 95% confidence level

III-D. Prescribing Practices (cont'd)

15. PRESCRIBING METHODS vis-à-vis UNMARRIED PATIENTS AND ABSENCE OF SPOUSAL CONSENT

Consistent with their openness towards FP, more HPs in the post-survey are: [Chart 17/18]

- Willing to prescribe modern FP methods to unmarrieds, i.e. oral pill (28-39%) and injectable (14-24%), and
- Not requiring spousal consent before providing modern FP methods.

In particular, more HPs trained by TSAP-FP have done away with partner's approval before using a FP method.

16. MINIMUM AND MAXIMUM AGE PER METHOD

Age requirement for the male condom eased up: more HPs, particularly those trained by TSAP-FP, say they do not require a minimum and maximum age for its users. Those who do, usually require 18-45 years of age. [Table 10/11]

Requiring a minimum age for injectable and oral pill declined. Usually, those who require a minimum age, stipulate 18-20 years of age.

17. MINIMUM NUMBER OF CHILDREN BEFORE PRESCRIBING FP METHOD

More HPs do not require a minimum number of children before prescribing male condom (78-83%) and vasectomy (31-37%). Actually, those who were trained by TSAP-FP have consistently done away with minimum number of children requirement across methods. [Chart 19]

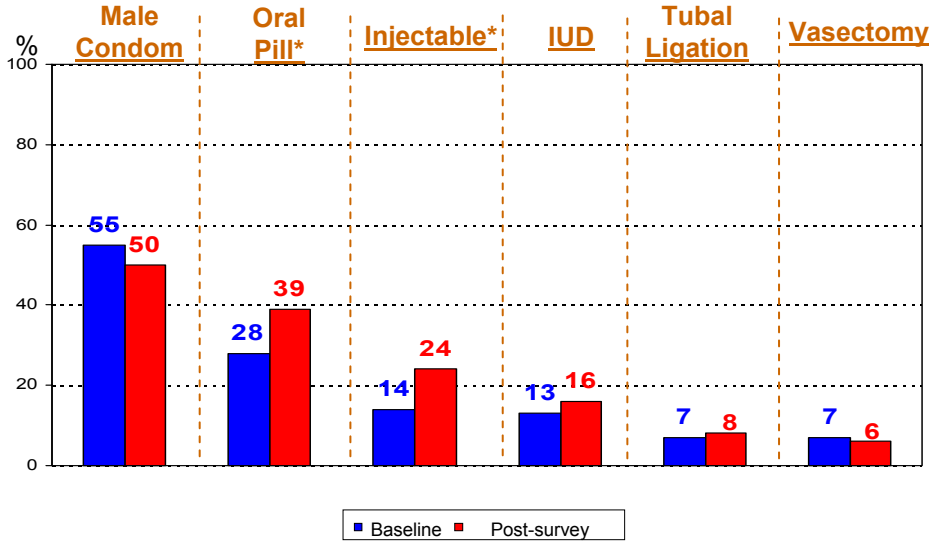
HPs who set a minimum number of children, require at least 3 children for permanent methods. [Table 12]

III-D. Prescribing Practices (cont'd)

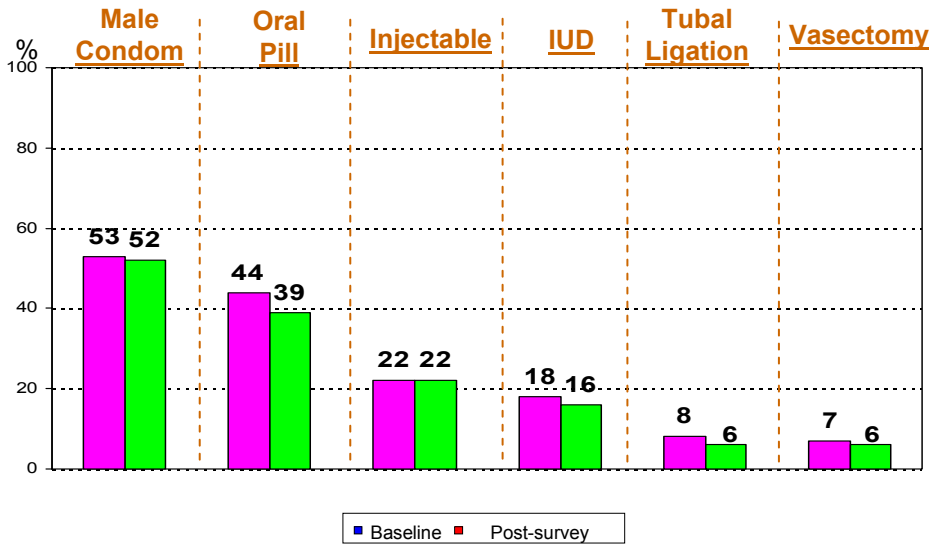
CHART 17. PERCENT WILLING TO RECOMMEND FAMILY PLANNING METHOD TO UNMARRIEDS BY TYPE OF METHOD

Base: Total who recommend method

REPRESENTATIVE SAMPLE



TRAINED vs. NOT TRAINED



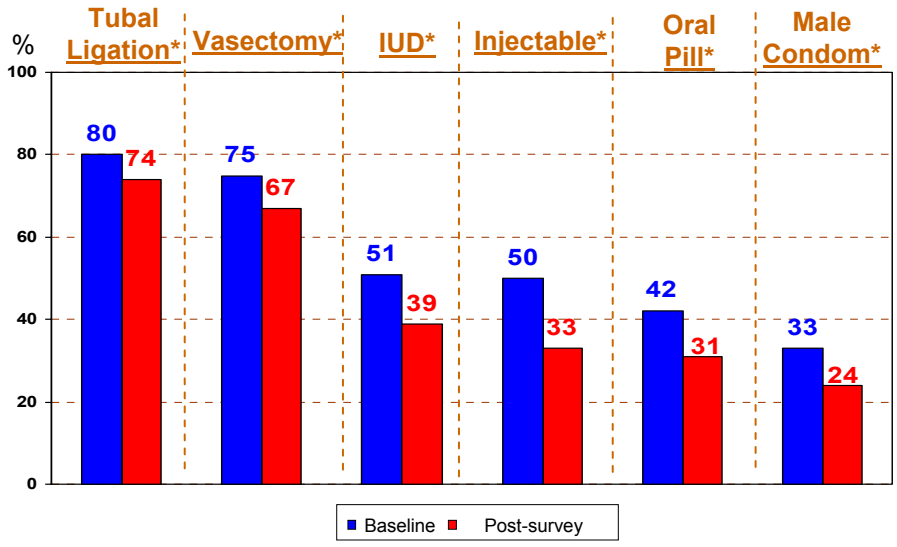
*significant at 95% confidence level

III-D. Prescribing Practices (cont'd)

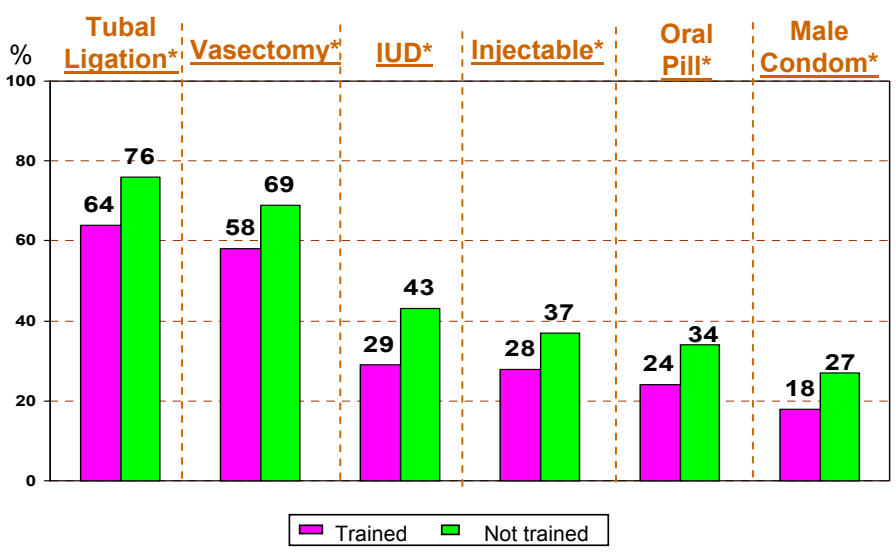
CHART 18. PERCENT REQUIRING SPOUSAL CONSENT BEFORE PROVIDING FAMILY PLANNING METHOD BY TYPE OF METHOD

Base: Total who recommend method

REPRESENTATIVE SAMPLE



TRAINED vs. NOT TRAINED



*significant at 95% confidence level

III-D. Prescribing Practices (cont'd)

TABLE 10. PERCENT NOT REQUIRING MINIMUM OR MAXIMUM AGE BEFORE PRESCRIBING FAMILY PLANNING METHOD BY TYPE OF METHOD

Base: Total who recommend method

	No minimum age (%)				No maximum age (%)			
	TOTAL HP		WITH SQ		TOTAL HP		WITH SQ	
	BL	PS	TRAINED	NOT TRAINED	BL	PS	TRAINED	NOT TRAINED
Male condom	86	90 ↑	96 ↑	89	88	96 ↑	98 ↑	95
Vasectomy	80	78	84 ↑	75	79	78	79	73
IUD	72	72	83 ↑	69	65	59 ↓	66 ↑	55
Injectable	60	66 ↑	76 ↑	64	52	51	63 ↑	49
Oral pill	54	62 ↑	74 ↑	59	31	34	34	36
Ligation	58	57	67 ↑	53	58	52 ↓	57 ↑	48

- *significant at 95% confidence level*

TABLE 11. MINIMUM OR MAXIMUM AGE PER FAMILY PLANNING METHOD

Base: Total who say there is minimum/maximum age per method

	MINIMUM/MAXIMUM AGE (in years)			
	TOTAL HP		WITH SQ	
	BL	PS	TRAINED	NOT TRAINED
Male condom	18-45	18-45	17-40	18-45
Vasectomy	30-40	30-40	30-40	30-40
IUD	20-40	20-40	18-40	20-40
Injectable	20-39	18-40	18-40	18-40
Oral pill	18-36	18-37	18-36	18-38
Ligation	28-40	27-40	25-40	28-40

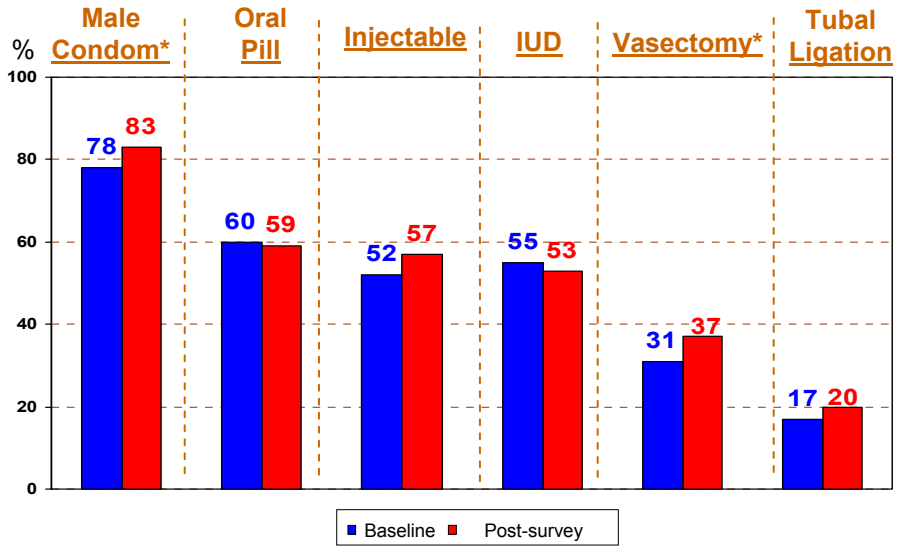
**based on median estimates*

III-D. Prescribing Practices (cont'd)

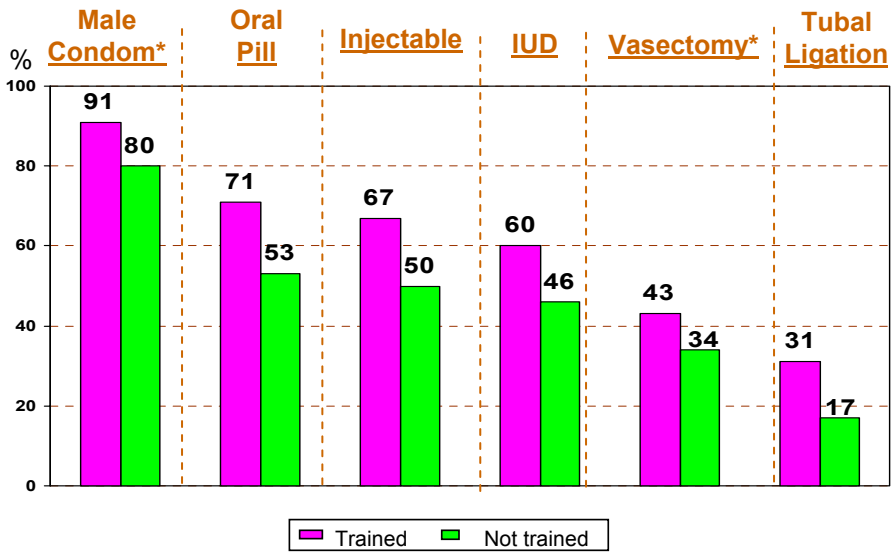
CHART 19. PERCENT NOT REQUIRING MINIMUM NO. OF CHILDREN BEFORE PRESCRIBING FAMILY PLANNING METHOD BY TYPE OF METHOD

Base: Total who recommend method

REPRESENTATIVE SAMPLE



TRAINED vs. NOT TRAINED



*significant at 95% confidence level

III-D. Prescribing Practices (cont'd)

TABLE 12. MINIMUM NO. OF CHILDREN REQUIRED BY FAMILY PLANNING METHOD

Base: Total who say there is a minimum/maximum no. of children for method

	No. of Children			
	TOTAL HP		WITH SQ	
	BL	PS	TRAINED	NOT TRAINED
Male condom	2	2	2	2
Oral pill	2	2	2	2
Injectable	2	2	2	2
IUD	3	3	3	3
Vasectomy	3	3	3	3
Ligation	3	3	3	3

III-D. Prescribing Practices (cont'd)

18. KNOWLEDGE vs. PRACTICE

Although the proportion of HPs who know that spinal anesthesia is not required before performing tubal ligation remains the same (75%), fewer HPs do not recommend spinal anesthesia in practice (84-81%). [Chart 20]

More trained HPs know that spinal anesthesia is not required before performing tubal ligation (80% vs. 71%). Consequently, more trained HPs do not recommend spinal anesthesia in practice (90% vs. 77%). [Chart 21]

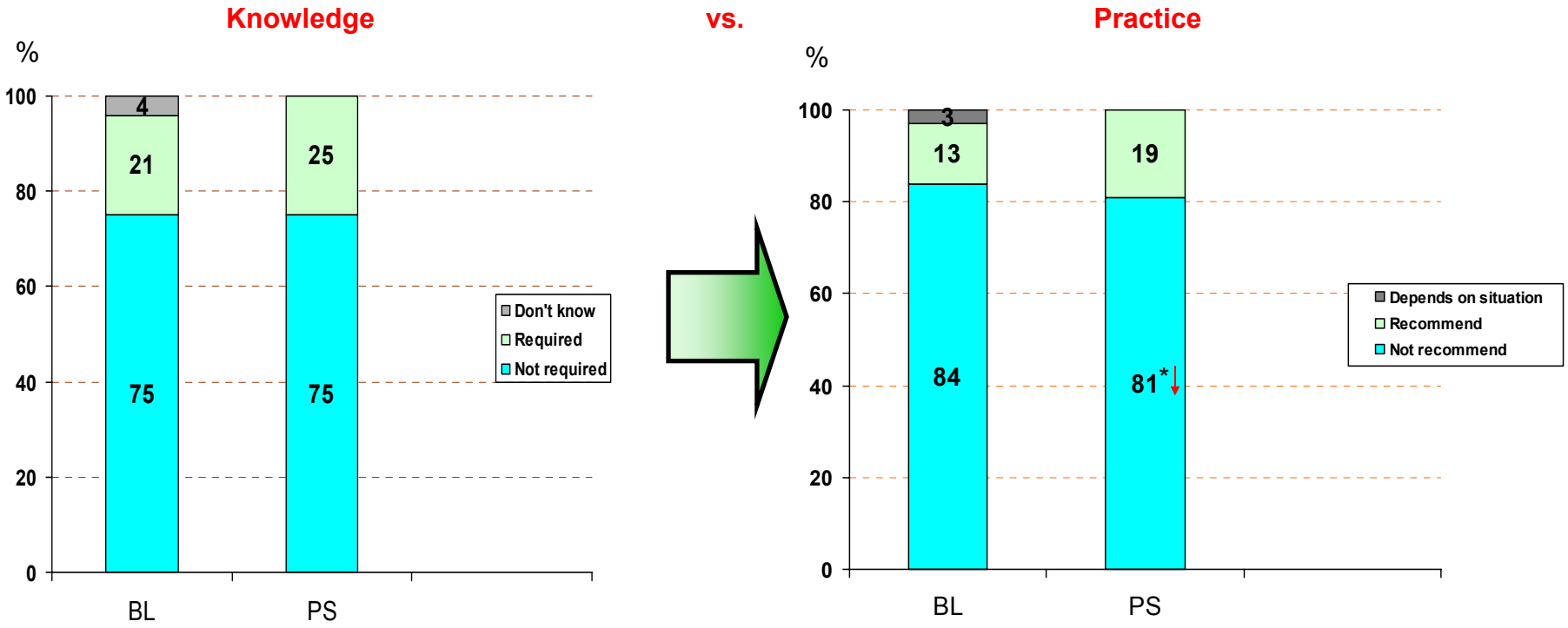
Although more HPs now know that Pap smear is not required before prescribing a FP method (24-32%), this is not reflected in actual practice. [Chart 22]

Trained HP's knowledge that Pap smear is not required before prescribing a FP method is much higher compared to those not trained (35% vs. 28%), which is consistent with their practice (47% vs. 34%). [Chart 23]

III-D. Prescribing Practices (cont'd)

CHART 20. PERCENT NOT REQUIRING/RECOMMENDING SPINAL ANESTHESIA BEFORE PERFORMING TUBAL LIGATION

Base: Total respondents

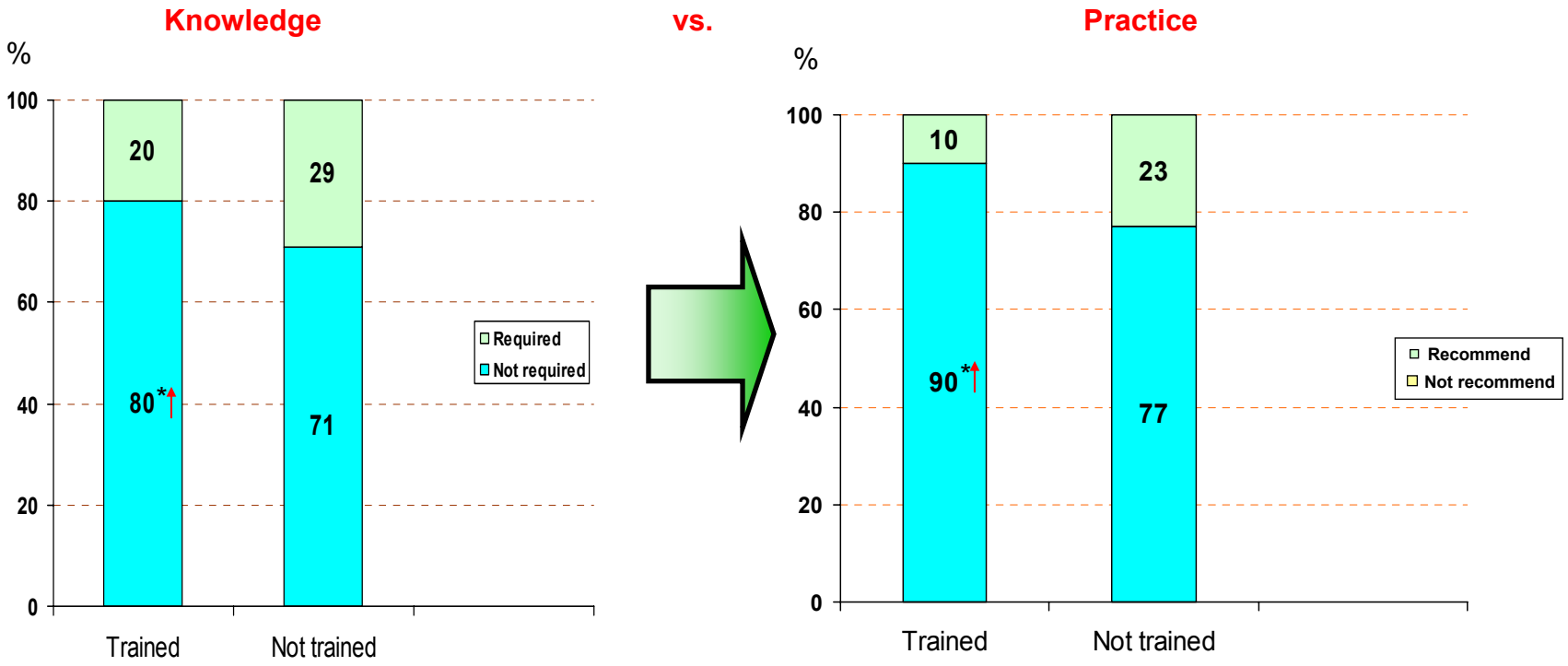


*significant at 95% confidence level

III-D. Prescribing Practices (cont'd)

CHART 21. PERCENT NOT REQUIRING/RECOMMENDING SPINAL ANESTHESIA BEFORE PERFORMING TUBAL LIGATION (TRAINED vs. NOT TRAINED)

Base: Total respondents

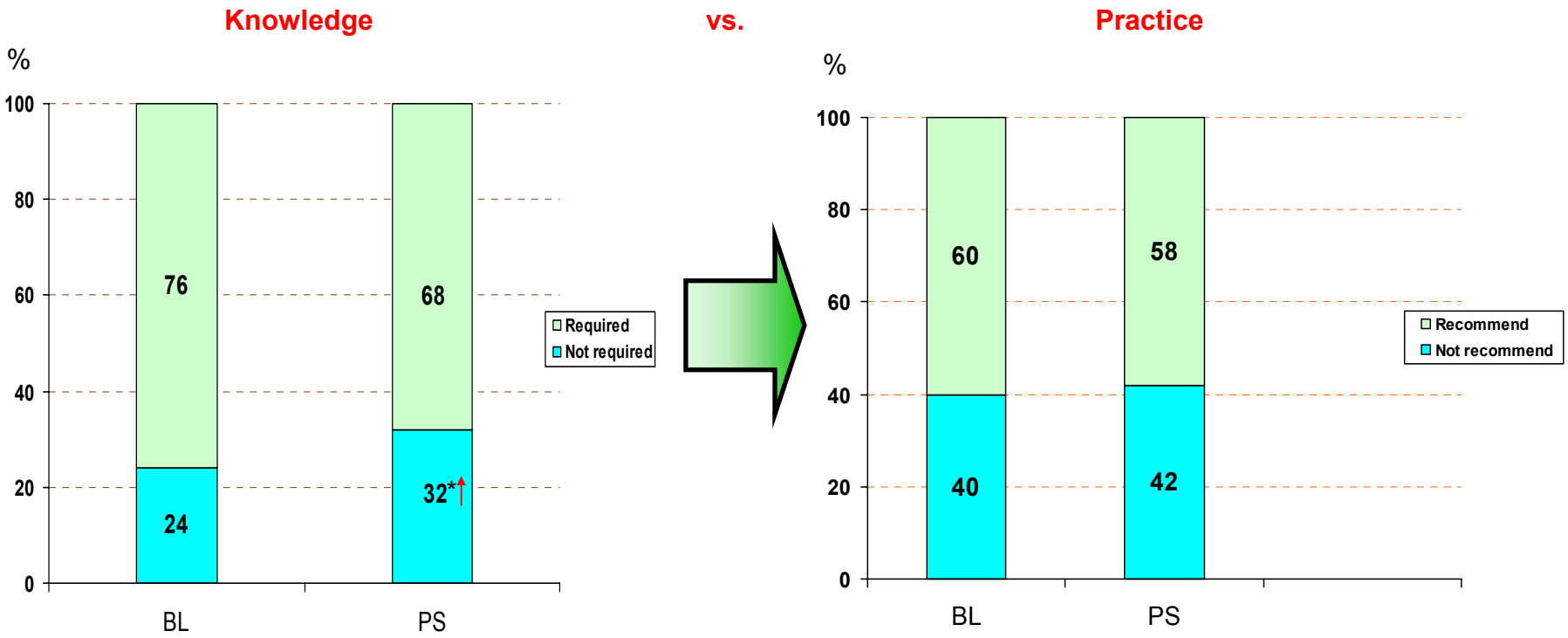


*significant at 95% confidence level

III-D. Prescribing Practices (cont'd)

CHART 22. PERCENT NOT REQUIRING/RECOMMENDING PAP SMEAR BEFORE PRESCRIBING FAMILY PLANNING METHOD

Base: Total respondents

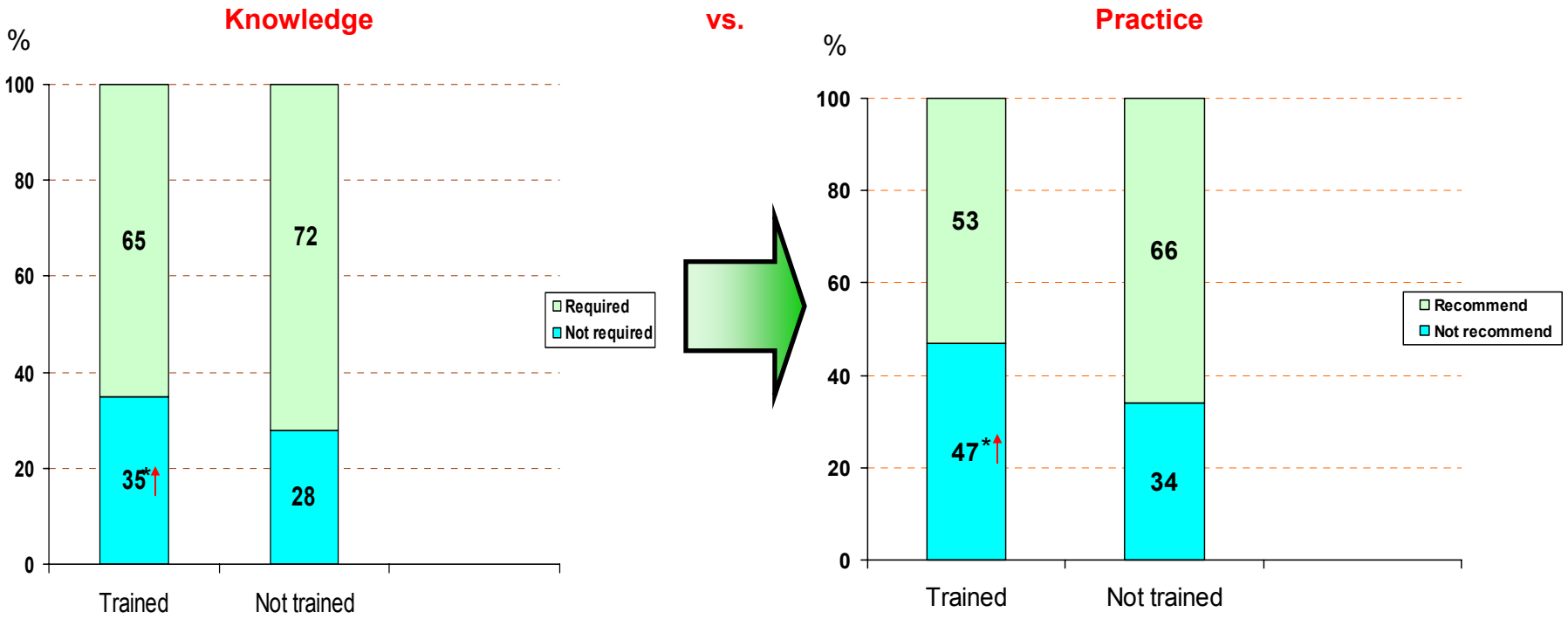


*significant at 95% confidence level

III-D. Prescribing Practices (cont'd)

CHART 23. PERCENT NOT REQUIRING/RECOMMENDING PAP SMEAR BEFORE PRESCRIBING FAMILY PLANNING METHOD (TRAINED vs. NOT TRAINED)

Base: Total respondents



*significant at 95% confidence level

III-D. Prescribing Practices (cont'd)

19. INSTANCES/SITUATIONS WHEN PROVIDE FP INFORMATION TO PATIENTS

Consistent with their general attitudes towards FP (see page 48, Table 4a), HP's conditional provisions in providing information to patients have reduced. They generally provide FP information openly to all patients who are of reproductive age even if they do not ask for it and this is more apparent among HPs trained by TSAP-FP. (78% vs. 55%). [Table 13]

Actually, fewer HPs claim in the post-survey that they only provide FP information to patients who have more than 2 or 3 children (40-21%) or only to those who are married (16-7%).

20. WHAT DO WHEN FP PROVIDER CAN NOT ANSWER PATIENT'S QUESTIONS

Eighty-three percent (83%) say that they usually refer patients to other medical practitioners when they can not answer their questions. [Table 14]

On the other hand, HPs appear to be less inclined to educate themselves on their own in the post-survey. This observation is consistent with their declining habit of reading medical journals and books in order to keep them updated on medical science (see page 72, Table 15).

III-D. Prescribing Practices (cont'd)

TABLE 13. INSTANCES/SITUATIONS WHEN PROVIDE FP INFORMATION TO PATIENTS

	TOTAL HP (%)		WITH SQ (%)	
	BL	PS	TRAINED	NOT TRAINED
Base: Total respondents (WTD)	3250	3040		
(UWTD)	750	750	260	645
I provide FP information to all my patients who are of reproductive age, even if they do not ask for it	66	64	78 ↑	55
I provide FP information to patients only if they ask for it	9	9	7 ↓	17
I provide FP information to all my patients who have more than 2 or 3 children, even if they do not ask for it	40	21 ↓	11 ↓	23
I provide FP information only to married patients, even if they do not ask for it	16	7 ↓	7	9

- significant at 95% confidence level

III-D. Prescribing Practices (cont'd)

TABLE 14. WHAT DO IF FP PROVIDER CAN NOT ANSWER PATIENT'S QUESTIONS

	TOTAL HP (%)		WITH SQ (%)	
	BL	PS	TRAINED	NOT TRAINED
Base: Total respondents (WTD)	3250	3040		
(UWTD)	750	750	260	645
Refer patient to other medical practioner - unduplicated	64	83 ↑	80	80
Refer to physician/doctor	43	61 ↑	64	51
Refer to OB-GYNE	3	8 ↑	3	15
Refer to someone who knows more about the topic	4	5	5	5
Refer to specialist	8	5 ↓	4	7
Refer to FP supervisor	5	1 ↓		1
Educate one's self - unduplicated	30	17 ↓	27	18
Research	6	10 ↑	13	10
Consult doctors	18			
Read books	5	4	11	4
None	11	6 ↓	5	7

- significant at 95% confidence level

III-E. SOURCES OF KNOWLEDGE ON MEDICAL SCIENCE

III-E. Sources of Knowledge on Medical Science

21. KEEPING UP-TO-DATE ON MEDICAL SCIENCE

Training, seminars and conferences are still the HP's primary source of information to keep themselves updated on medical science (84%). [Table 15]

However, there is a decline in reading medical journals/magazines (53-42%) but an increase in reading books (9-16%) and in surfing the internet (11-16%) in the post-survey.

Less dependent on training/seminars, HPs not trained by TSAP-FP are more into reading medical journals/magazines (39%), books (13%) as well as surfing the internet (20%).

22. POST-LICENSURE TRAINING ATTENDED

As in the baseline, a majority of HPs claim attendance to a post-licensure training (68%) and/or an educational lecture (64%) in the past year especially those trained by TSAP-FP. [Chart 24/25]

Among HPs who have attended a post-licensure training, 31% claim they have attended the "Basic Comprehensive Family Planning Course - All Methods including IUD Insertion except Tubal Ligation and Vasectomy" while 24% attended "Evidence-Based Counseling" particularly those trained by TSAP-FP. [Table 16]

Although minimal attendance, significant increase is also observed in the following training courses:

- Basic Course on Family Planning (0-8%);and,
- Counseling on Family Planning (0-6%).

On the other hand, fewer HPs claim that they have attended the "Basic Family Planning Training Course on All Methods except IUD Insertion,Tubal Ligation and Vasectomy" (27-14%), "General Family Planning Orientation" (18-9%) and Family Planning Counseling Skills Training using Gather Approach (19-3%). Actually, more trained HPs have attended these courses along with Evidence-Based on FP (32%).

III-E. Sources of Knowledge on Medical Science (cont'd)

TABLE 15. KEEPING UP-TO-DATE ON MEDICAL SCIENCE

	% MENTIONS			
	TOTAL HP		WITH SQ	
	BL	PS	TRAINED	NOT TRAINED
Base: Total respondents (WTD)	3250	3040		
(UWTD)	750	750	260	645
Attend trainings/seminars/conferences	84	84	96 ↑	81
Read medical journals/magazines	53	42 ↓	32	39 ↑
Read books	9	16 ↑	8	13 ↑
Read leaflets/pamphlets	6	6	3	4
Surf internet	11	16 ↑	11	20 ↑

*only comments above 5% are shown

- significant at 95% confidence level

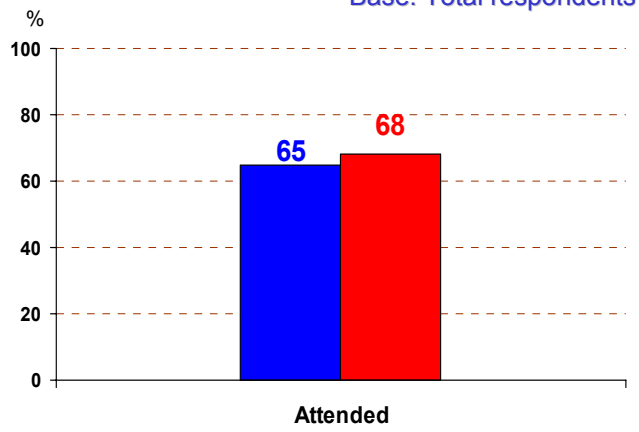
III-E. Sources of Knowledge on Medical Science (cont'd)

REPRESENTATIVE SAMPLE

TRAINED vs. NOT TRAINED

CHART 24. ATTENDANCE IN FAMILY PLANNING POST-LICENSURE TRAINING

Base: Total respondents



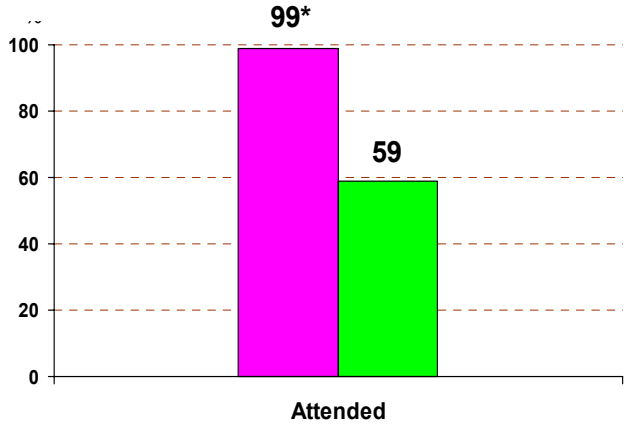
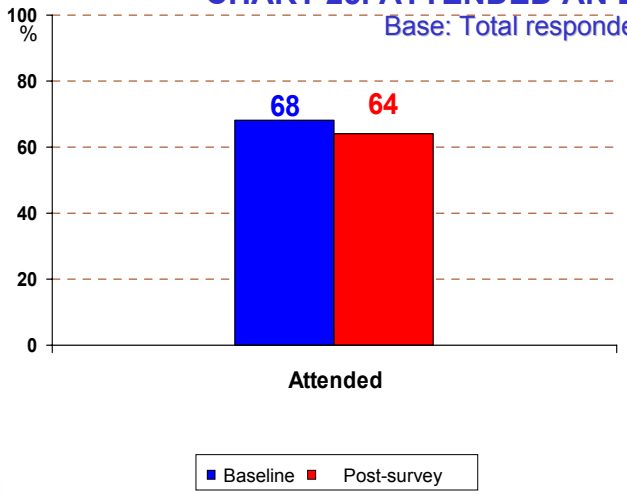
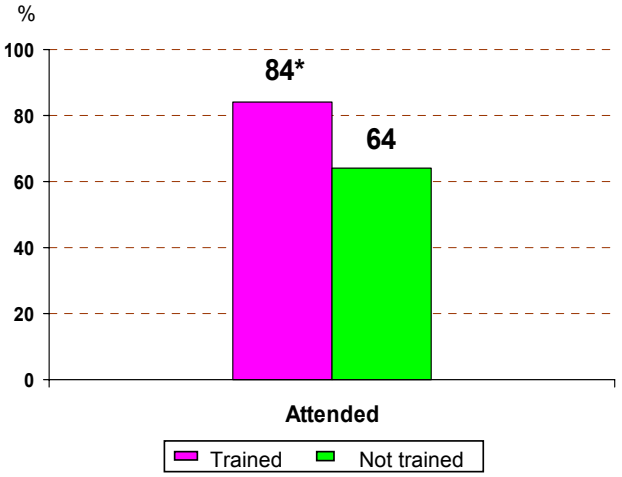


CHART 25. ATTENDED AN EDUCATIONAL LECTURE IN THE PAST YEAR

Base: Total respondents





tns trends

PROJECT CLARITY 2 **significant at 95% confidence level*

III-E. Sources of Knowledge on Medical Science (cont'd)

TABLE 16. FP POST-LICENSURE TRAINING/COURSE ATTENDED

	% MENTIONS			
	TOTAL HP		WITH SQ	
	BL	PS	TRAINED	NOT TRAINED
Base: Total respondents (WTD)	3250	3040		
(UWTD)	750	750	260	645
Basic Comprehensive Family Planning Course (all methods including IUD insertion except tubal ligation and vasectomy)	44	31 ↓	42 ↑	25
Evidence-Based Counselling	*	24 ↑	55 ↑	16
Basic Family Planning Training Course (all methods except IUD insertion, tubal ligation and vasectomy)	27	14 ↓	14	12
Post graduate	*	10 ↑	12 ↑	7
Natural Family Planning	13	9 ↓	14 ↑	7
DMPA	9	9	11 ↑	7
Evidence-Based on Family Planning	*	9 ↑	32 ↑	7
Basic Course on Family Planning	*	8 ↑	6	7
General Family Planning Orientation	18	7 ↓	3	9 ↑
Counseling on Family Planning	*	6 ↑	7	4
Family Planning Method	*	5 ↑	2	5 ↑
Family Planning Counseling Skills Training using GATHER Approach	19	3 ↓	4	2
Interpersonal Communication Skills Family Planning	9	3 ↓	6 ↑	1
Surgical Skills Training on Tubal Ligation and/or Vasectomy	5 ↑			
IUD insertion	5	4	5	4

- *significant at 95% confidence level*

III-E. Sources of Knowledge on Medical Science (cont'd)

23. MEDICAL ARTICLES/LITERATURE READ

Sixty-eight percent (68%) of HPs claim to have read 1-2 medical articles/ literature in the past month to keep them updated on medical science. These articles were mostly from magazines (19%) and medical health journals (17%). [Table 17/18/19]

Non-family planning related topics cited increased in the post-survey (28-48%) which are mostly about health such as hypertension, diabetes, maternal and child nursing/breastfeeding, birds flu etc.

Fewer HPs in the post-survey can not recall the medical article/literature they last read (27-8%)

24. AWARENESS OF INTERNET-BASED LIBRARIES

Use of the internet to get information about medical science increased (11-16%). Though the level of awareness on Cochrane (9-13%) and DARE (3-6%) is minimal, a significant increase is noted in the post-survey. [Chart 26/27]

HPs not trained by TSAP-FP (20%) rely more on internet-based libraries to keep them updated on medical science particularly, MedLine (25% vs. 14%) and PubMed (15% vs. 9%). [Chart 28/29]

25. WHETHER USE/HOW OFTEN USE INTERNET-BASED LIBRARIES

Among HPs who are aware of FP-related literature, 57% say they use PubMed. Other FP-related literature used especially by HPs not trained by TSAP-FP are: MedLine (54%), National Guideline Clearing House (46%) and Cochrane Database of Systematic Reviews (44%). [Chart 30]

Further, frequency of usage of internet-based libraries particularly Cochrane (3-28%) and MedLine (11-31%%) increased in the post-survey. [Table 20]

III-E. Sources of Knowledge on Medical Science (cont'd)

TABLE 17. NUMBER OF MEDICAL ARTICLES/ LITERATURE LAST READ

	% MENTIONS			
	TOTAL HP		WITH SQ	
	BL	PS	TRAINED	NOT TRAINED
Base: Total respondents (WTD)	3250	3040		
(UWTD)	750	750	645	645
1-2 articles	60	68 ↑	59	67 ↑
3-4 articles	9	9	8	7
5-6 articles	1	1	1	1
More than 6 articles	2	1	1	1
Can't recall/can't remember	28	21	31 ↑	22

- *significant at 95% confidence level*

TABLE 18. LAST TIME READ A MEDICAL ARTICLE/LITERATURE

	% MENTIONS			
	TOTAL HP		WITH SQ	
	BL	PS	TRAINED	NOT TRAINED
Base: Total respondents (WTD)	3250	3040		
(UWTD)	750	750	260	645
1 week ago	22	21	25	26
Over 1-2 weeks ago	14	16	15	16
Over 2-3 weeks ago	5	5	5	4
Over 3-4 weeks ago	14	14	14	13
Over 4 weeks ago	25	24	12	20 ↑
Can't remember	20	20	30 ↑	22

- *significant at 95% confidence level*

III-E. Sources of Knowledge on Medical Science (cont'd)

TABLE 19. MEDICAL ARTICLES/LITERATURE LAST READ

	% MENTIONS			
	TOTAL HP		WITH SQ	
	BL	PS	TRAINED	NOT TRAINED
Base: Total respondents (WTD)	3250	3040		
(UWTD)	750	750	260	645
Articles/Topic - net	**32**	**62** ↑	**62**	**58**
Non-FP related topics - net	28	48 ↑	48	46
Diabetes	2	5	3	3
Cancer (UNSP)	*	4	3	2
Hypertension/high blood pressure	3	4	3	5
Maternal and child nursing/ breastfeeding	1	3	2	3
Birds fluu/Avian flu		2	3	3
Breast cancer		2	2	2
FP-related topics- net	6	17 ↑	19	14
FP Methods - net	3	13 ↑	14	11
DMPA/injectable/pills		3	3	2
Pills (UNSP)		2	2	1
Source of Medical Articles - net	**45**	**54** ↑	**50**	**52**
Magazine - net	23	19 ↓	18	17
Health Beat Magazine	8	2 ↓	1	1
Today's Health	2	2	2	2
Reader's Digest - Cardiovascular disease/ pregnanat women	2	2	3	3
Magazine (UNSP)	3	2	1	1
Medical Journals -net	11	17 ↑	14	15
Medical Books -net	2	7 ↑	6	10
Can't recall/ None	**27**	**8** ↓	**2**	**9** ↑

- significant at 95% confidence level

III-E. Sources of Knowledge on Medical Science (cont'd)

REPRESENTATIVE SAMPLE

CHART 26.
PERCENT OF HEALTH PROVIDERS USING INTERNET TO KEEP THEM UPDATED ON MEDICAL SCIENCE

Base: Total respondents

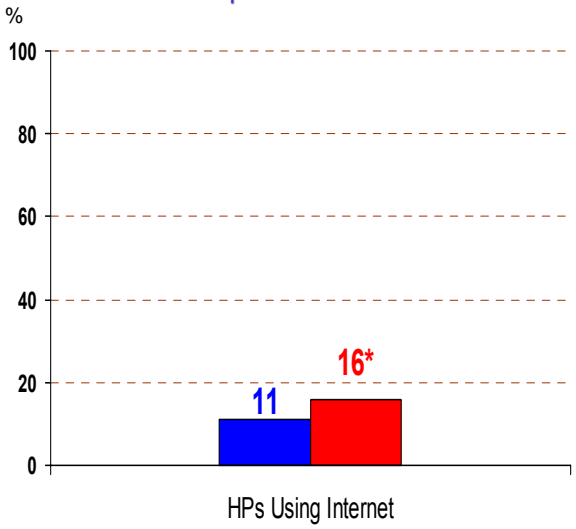
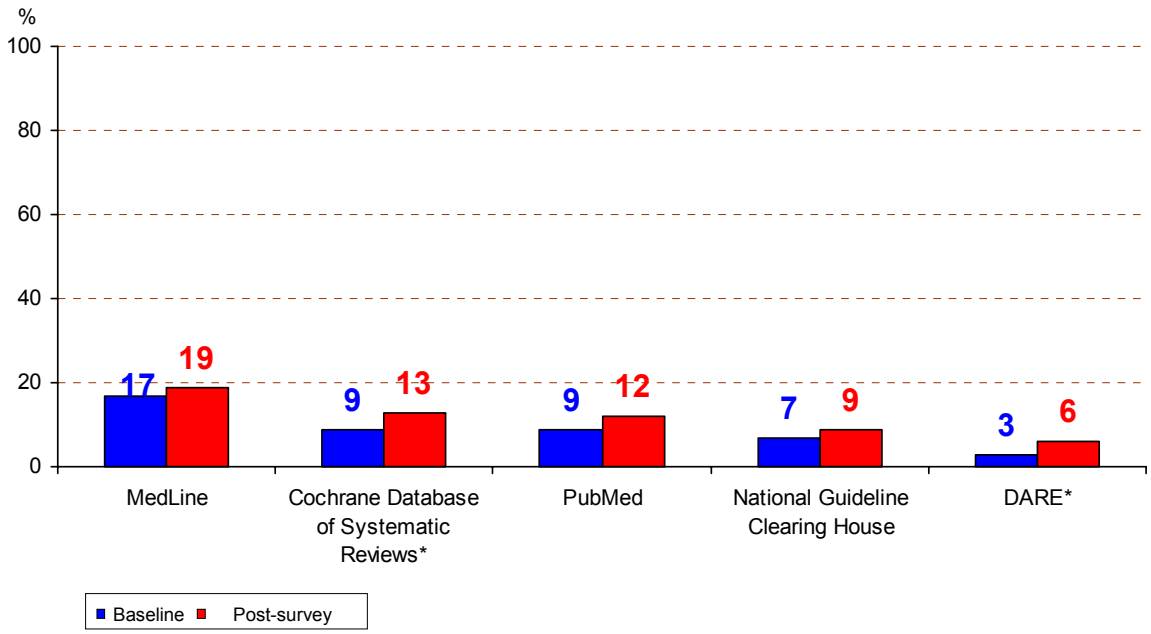


CHART 27. LEVEL OF AWARENESS ON INTERNET-BASED LIBRARIES

Base: Total respondents



*significant at 95% confidence level

III-E. Sources of Knowledge on Medical Science (cont'd)

TRAINED vs. NOT TRAINED

CHART 28.
PERCENT OF HEALTH PROVIDERS USING INTERNET TO KEEP THEM UPDATED ON MEDICAL SCIENCE

Base: Total respondents

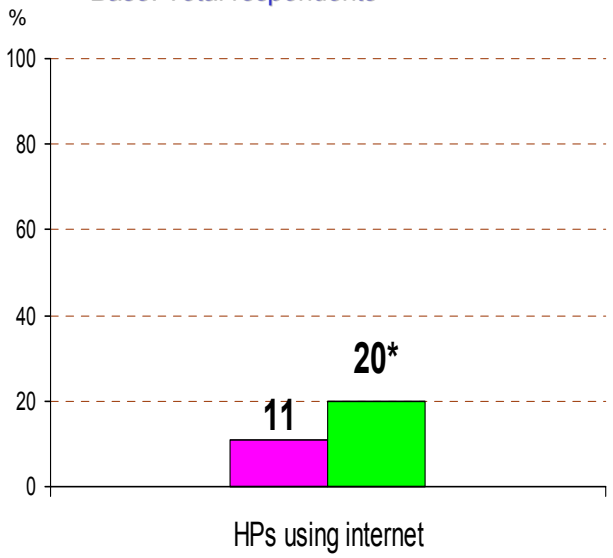
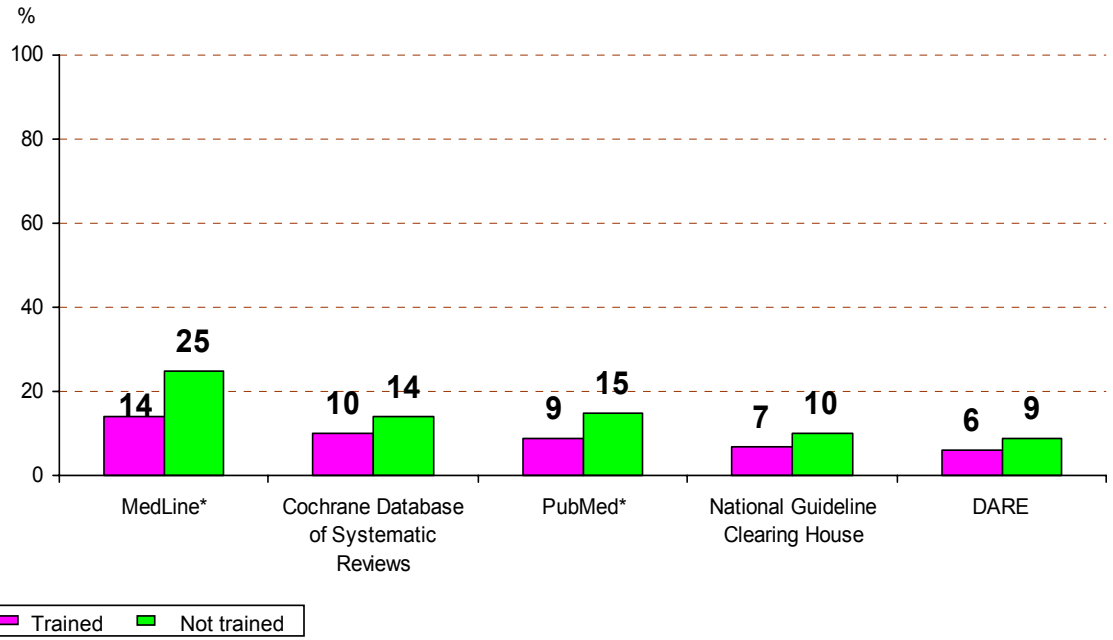


CHART 29. LEVEL OF AWARENESS ON INTERNET-BASED LIBRARIES

Base: Total respondents



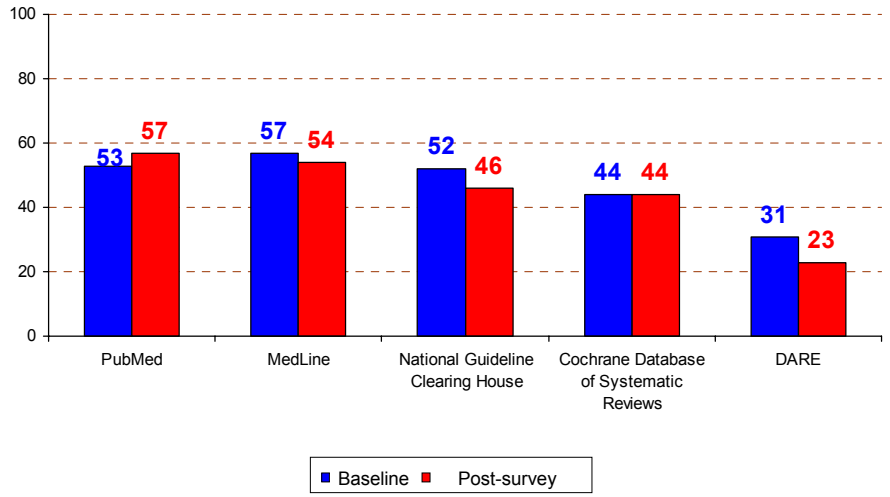
*significant at 95% confidence level

III-E. Sources of Knowledge on Medical Science (cont'd)

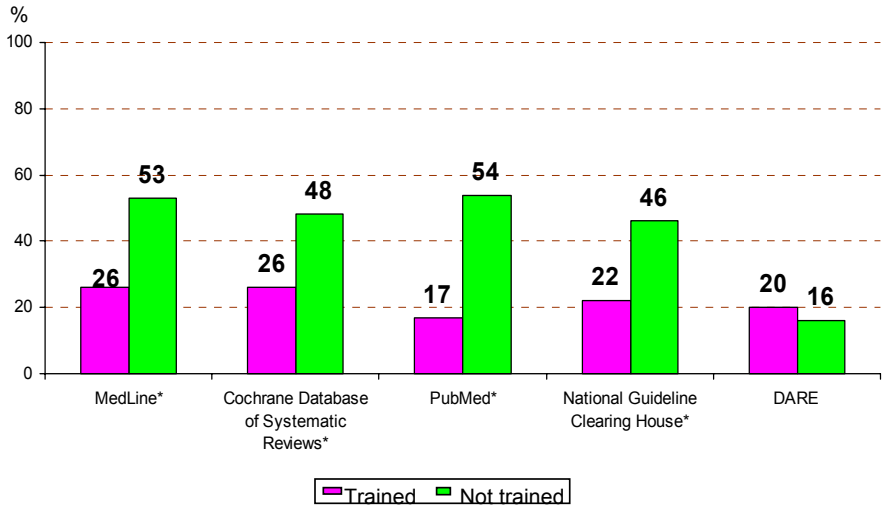
CHART 30. WHETHER USE INTERNET-BASED LIBRARIES

Based: Total aware of FP-related literature

REPRESENTATIVE SAMPLE



TRAINED vs. NOT TRAINED



*significant at 95% confidence level

III-E. Sources of Knowledge on Medical Science (cont'd)

TABLE 20. HOW OFTEN USE INTERNET-BASED LIBRARIES

	DARE*		COCHRANE		PUBMED		MEDLINE		NATIONAL GUIDELINE CLEARING HOUSE	
	BL	PS	BL	PS	BL	PS	BL	PS	BL	PS
Base: Total who use FP-related literature (WTD)	34	42	122	169	148	203	321	315	122	120
(UNWTD)	11	12	34	46	47	53	90	90	28	32
	%	%	%	%	%	%	%	%	%	%
More often than once a week	5	30	3	28 ↑	16	30	11	31 ↑	29	21
Once a week	21	17	20	16	20	4	19	6	30	10
Once a month	14	4	32	19	33	32	30	25	12	34
Once in 2-3 months	5	4	16	17	12	18	14	11	6	17
Once in 4-6 months	5		1	8	6	9	7	10	2	
Once in 7-12 months	10	31	4	9	6	4	4	6	4	8
Less ofter than once a year		13	24	5	8	3	14	12	17	10
Average (monthly)	2	2	1	2	2	2	2	2	4	2

*very low base

- significant at 95% confidence level

III-F. AWARENESS OF FAMILY PLANNING-RELATED LITERATURE/GUIDELINES

III-F. Awareness of FP-related Literature/Guidelines

26. AWARENESS OF FP-RELATED LITERATURE

A significant increase in the level of awareness on FP-related literature/guidelines is observed, particularly for Evidence-Based Medicine (19-46%) and WHO Medical Eligibility Criteria for Starting Contraceptive Methods (13-22%). However, there is no significant change in the level of awareness of the "Green Book" or The National Family Planning Service Guidelines. [Chart 31]

Practically all TSAP-FP trained HPs are aware of Evidence-Based Medicine (95%).

Among those aware of Evidence-Based Medicine, 58% say they learned about it through seminar, training, lectures or workshops. Other sources of awareness are through friends/colleagues (17%) and medical journals/magazines (13%). [Table 21]

Also, more trained HPs are aware of the "Green Book" (64% vs. 44%) and WHO Medical Eligibility Criteria for Starting Contraceptive Methods (33% vs. 20%). [Chart 31]

27. AWARENESS OF AND COMPLIANCE WITH THE GREEN BOOK

Seventy-one percent (71%) of HPs in the post-survey are aware of the "Green Book" especially those trained by TSAP-FP. Among those aware of the "Green Book", 75% of HPs trained by TSAP-FP claim to comply with its guidelines and principles. [Chart 32]

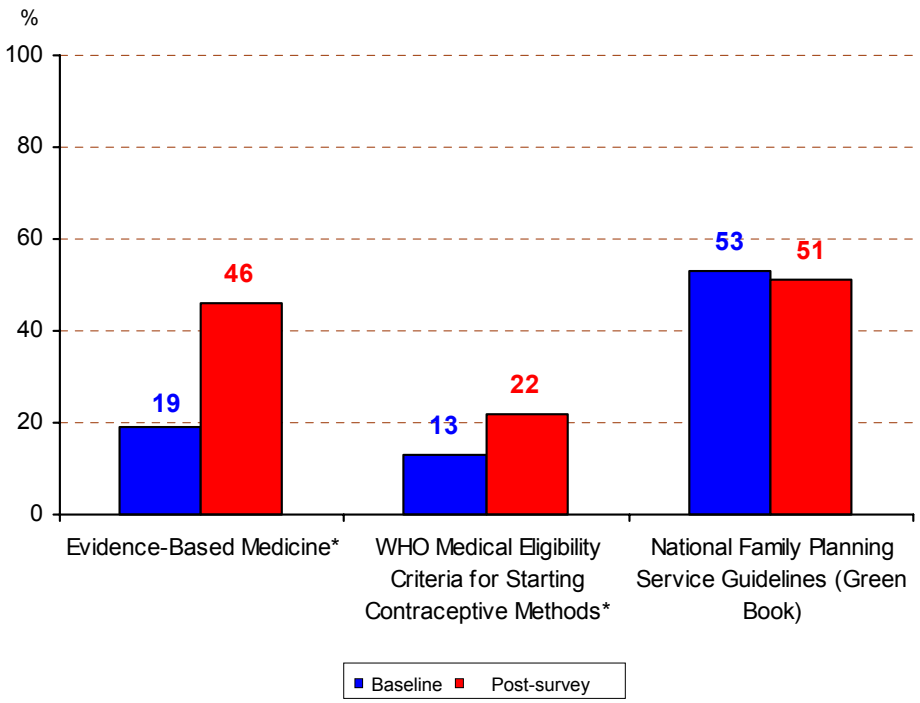
While non-availability of a copy is still the main reason for not using the "Green Book", more HPs in the post-survey mention that reading it is time-consuming (4-12%). [Table 22]

III-F. Awareness of FP-related Literature/Guidelines (cont'd)

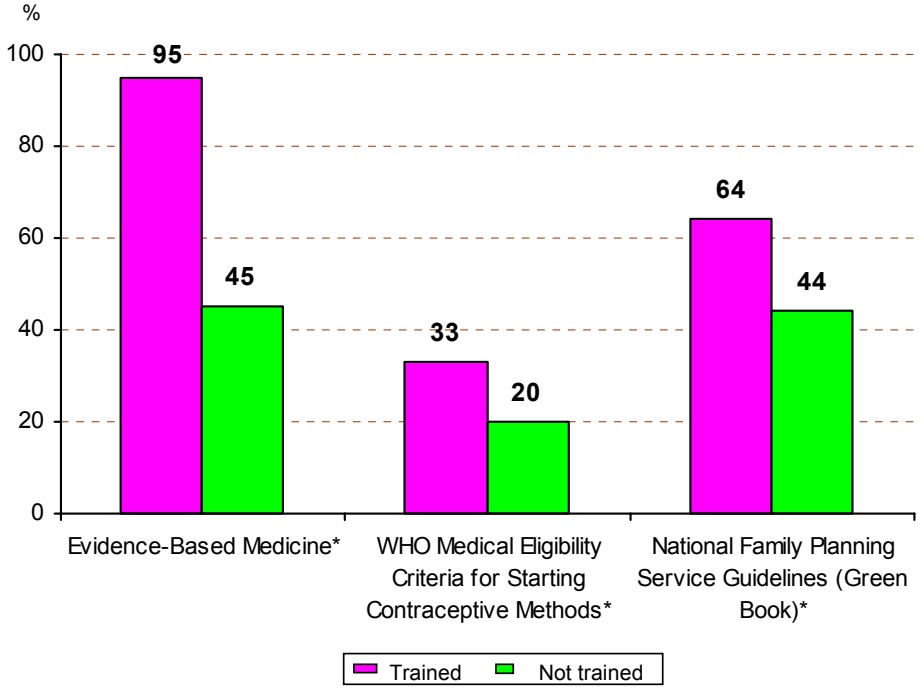
CHART 31. AWARENESS OF FAMILY PLANNING-RELATED LITERATURE/GUIDELINES

Based: Total respondents

REPRESENTATIVE SAMPLE



TRAINED vs. NOT TRAINED



*significant at 95% confidence level

III-F. Awareness of FP-related Literature/Guidelines (cont'd)

TABLE 21. SOURCES OF AWARENESS OF EVIDENCE-BASED MEDICINE

	% MENTIONS			
	TOTAL HP		WITH SQ	
	BL	PS	TRAINED	NOT TRAINED
Base: Total respondents (WTD)	3250	3040		
(UWTD)	750	750	260	645
Seminar/training/lecture/workshops	59	58	92 ↑	47
Friends/colleagues	23	17	5	21 ↑
Medical journals/magazines	25	13 ↓	6	14 ↑
School	13	9	*	12 ↑
Government agency/institutions/associations		6	7	7

*only comments above 5% are shown

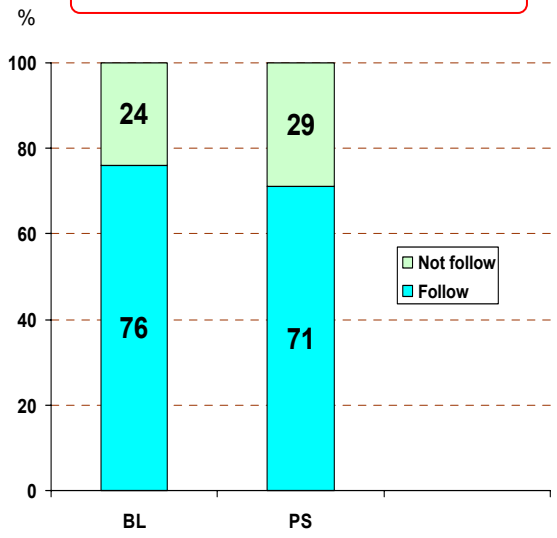
- significant at 95% confidence level

III-F. Awareness of FP-related Literature/Guidelines (cont'd)

CHART 32. COMPLIANCE TO "GREEN BOOK"

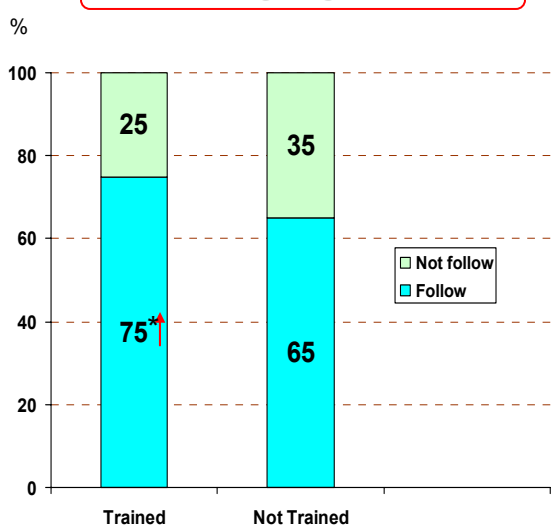
Based: Total aware of National Family Planning Service Guidelines

REPRESENTATIVE SAMPLE



*decrease not significant

TRAINED vs. NOT TRAINED



*significant at 95% confidence level

III-F. Awareness of FP-related Literature/Guidelines (cont'd)

TABLE 22. REASONS WHY NOT FOLLOW "GREEN BOOK*"

	% MENTIONS			
	TOTAL HP		WITH SQ	
	BL	PS	TRAINED	NOT TRAINED
Base: Total w ho do not follow /use the Green Book (WTD)	9	445		
(UNWTD)	92	115	41	98
I have no copy	75	78	70	78 ↑
Takes too much time to read	4	12 ↑	17 ↑	10
Follow leaflets on FP	8	0 ↓	-	-
Diasagree with guidelines	2	6	2	5 ↑

only comments above 5% are shown

- significant at 95% confidence level

III-F. Awareness of FP-related Literature/Guidelines (cont'd)

28. ASSESSMENT OF GREEN BOOK's CHAPTER 2 AND 4

Although most users of the "Green Book" say that Chapter 2 (Counseling in Family Planning) and Chapter 4 (Methods of Family Planning) are very relevant (84-86%), relatively fewer HPs find it very easy to understand (63-65%) and significantly much less find these very easy to implement (45-50%). [Chart 33]

29. WHO MEDICAL ELIGIBILITY CRITERIA STATEMENTS

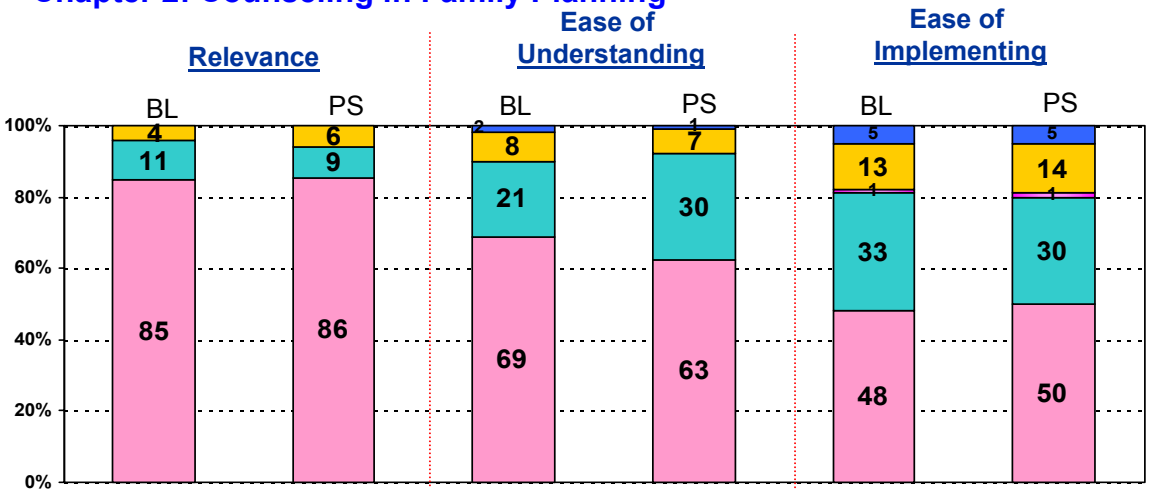
Among the very few who are aware of the WHO Medical Eligibility Criteria for Starting FP, 52-84% consider the five pre-listed statements on WHO Medical Eligibility Criteria true. [Chart 34]

III-F. Awareness of FP-related Literature/Guidelines (cont'd)

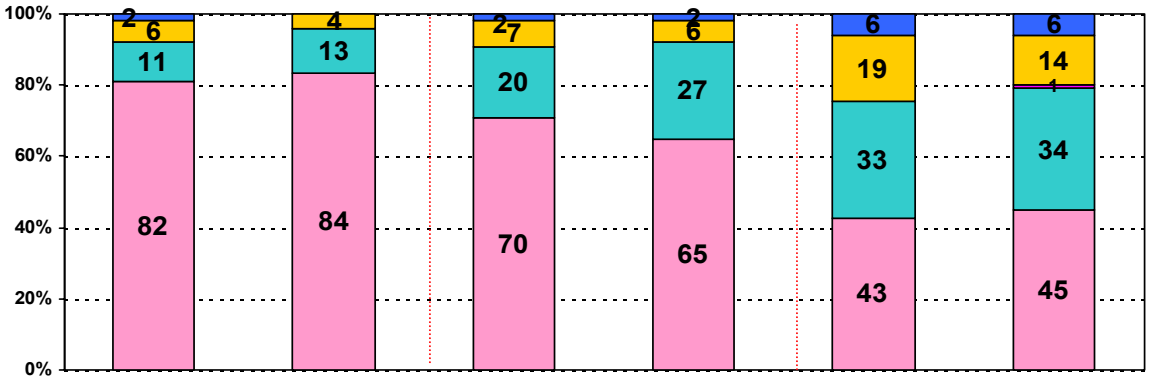
CHART 33. RELEVANCE/EASE OF UNDERSTANDING/EASE OF IMPLEMENTING GREEN BOOK's CHAPTER 2 AND 4

Base: Total who use/follow Green Book

Chapter 2: Counseling in Family Planning



Chapter 4: Methods of Family Planning

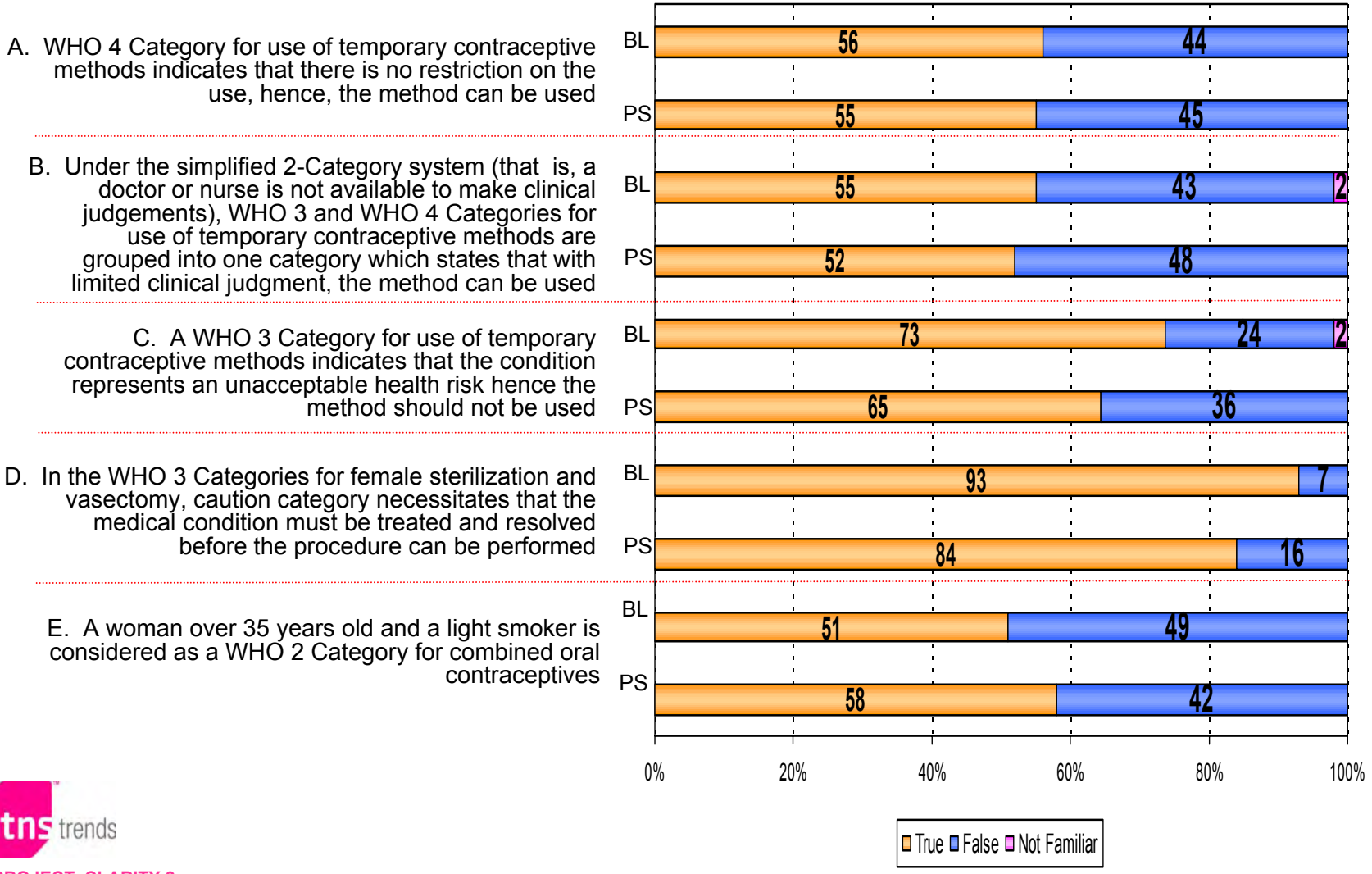


- Definitely not relevant/easy to understand/easy to implement
- Somewhat not relevant/easy to understand/easy to implement
- Maybe relevant/easy to understand/easy to implement, Maybe not
- Somewhat relevant/easy to understand/easy to implement
- Very relevant/easy to understand/easy to implement

III-F. Awareness of FP-related Literature/Guidelines (cont'd)

CHART 34. WHETHER STATEMENTS IN WHO MEDICAL ELIGIBILITY CRITERIA FOR STARTING CONTRACEPTIVE METHODS ARE TRUE OR FALSE

Based: Total who are aware of WHO Medical Eligibility Criteria for Starting Contraceptive



III-F. Awareness of FP-related Literature/Guidelines (cont'd)

30. FP MATERIALS RECEIVED

Almost all HPs trained by TSAP-FP (92%) received the "Evidence-Based Medicine" manual while 79% say they received the "Family Planning para sa Malusog na Pamilya" flip chart and "The Essentials of Contraceptive Technology" handbook (62%). [Table 23]

Other FP materials received by those trained by TSAP-FP are:

- "Alam niyo ba ang paraan ng Family Planning" wall chart (44%) and
- Modern Methods of Family Planning: A Quick Reference Guide desk chart (34%).

Among HPs not trained by TSAP-FP, 64% mention that they have not received any of the materials.

31. FP SERVICE GUIDELINES USED

Sixty-six percent (66%) of HPs, particularly those trained by TSAP-FP, mention that they use other FP service guidelines. Among these, 20% claim to use DOH flip charts. [Chart 35]

Use of leaflets (30-13%) and pamphlets (17-7%) from DOH and other sources has dropped in the post-survey. [Table 24]

III-F. Awareness of FP-related Literature/Guidelines (cont'd)

TABLE 23. FAMILY PLANNING MATERIALS RECEIVED*

	% MENTIONS		
	TOTAL HP	WITH SQ	
	PS	TRAINED	NOT TRAINED
Base: Total respondents (WTD)	3040		
(UNWTD)	750	260	645
MANUAL: Evidence-Based Medicine:The Best Evidence on Family Planning Methods	32	92 ↑	24
FLIP CHART: Family Planning para sa Malusog na Pamilya	32	79 ↑	26
HANDBOOK: The Essentials of Contraceptive Technology, A Handbook for Clinic Staff	21	62 ↑	21
WALL CHART: Alam nyo ba ang paraan ng Family Planning?	17	44 ↑	14
DESK CHART: Modern Methods of Family Planning, A Quick Reference Guide	16	34 ↑	8
Received none	60	5	64 ↑

*only asked during post-survey

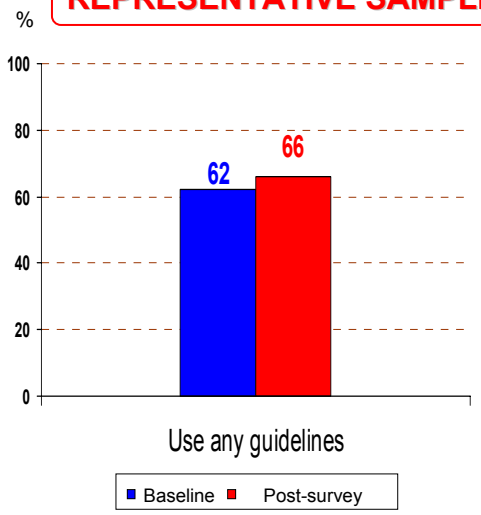
- significant at 95% confidence level

III-F. Awareness of FP-related Literature/Guidelines (cont'd)

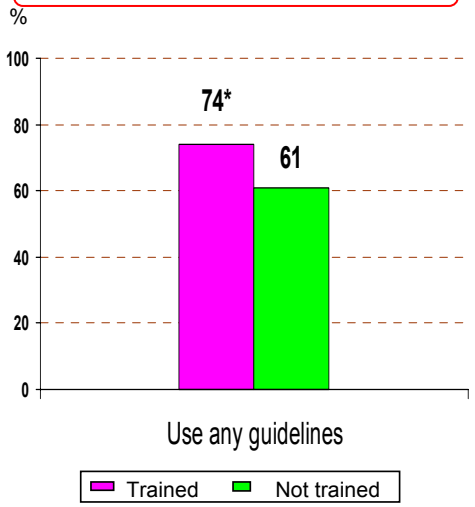
CHART 35. USE OTHER FAMILY PLANNING SERVICE GUIDELINES

Based: Total respondents

REPRESENTATIVE SAMPLE



TRAINED vs. NOT TRAINED



*significant at 95% confidence level

III-F. Awareness of FP-related Literature/Guidelines (cont'd)

TABLE 24. OTHER FAMILY PLANNING SERVICE GUIDELINES USED

Base: Total who do follow/use any guidelines on providing FP services (WTD) (UNWTD)	% MENTIONS			
	TOTAL HP		WITH SQ	
	BL	PS	TRAINED	NOT TRAINED
	2011 537	2005 481	193	393
Flip charts by DOH	10	20 ↑	12	15
Leaflets/pamphlets from DOH	30	13 ↓	9	11
Leaflets/pamphlets/flyers/brochures from other sources	17	7 ↓	7	6

*only comments above 5% are shown

- significant at 95% confidence level

III-G. FP SERVICES OFFERED

III-G. Family Planning Services Offered

32. FP SERVICES OFFERED

Most of the facilities still provide FP methods in the post-survey (53-77%) while lesser methods provision is observed among DOH-retained hospitals (74-53%) and health centers (97-60%). [Table 25]

The big decrease in methods provision in DOH-retained hospitals and health centers is mainly due to lesser supplies allocated to them as claimed by HPs interviewed. This claim is actually supported by the current thrust of the Philippine government to strictly enforce the provisions of the Local Government Code (LGC) starting 2004, particularly devolved functions such as basic health services*.

FP counseling increased in city/provincial hospitals (46-62%) and health centers (41-69%). On the other hand, a significant decrease in counseling services is seen in industry clinics (71-38%).

Promotion and motivation on FP increased in DOH-retained hospitals (16-43% - promotion; 18-34% - motivation) and health centers (26-44% - promotion; 13-32% - motivation),

as stipulated in the Medium-Term Philippine Development Plan, 2004-2010.

III-G. Family Planning Services Offered (cont'd)

TABLE 25. FP SERVICES OFFERED PER FACILITY

	DOH-RETAINED HOSPITAL		CITY/PROVINCIAL HOSPITAL		RURAL HEALTH UNITS		BARANGAY HEALTH STATIONS		HEALTH CENTER		INDUSTRY CLINIC (on-site)	
	BL	PS	BL	PS	BL	PS	BL	PS	BL	PS	BL	PS
Base: Total respondents (WTD)	224	435	330	385	120	128	194	206	1819	1334	401	287
(UNWTD)	58	94	77	91	57	45	65	62	290	237	171	157
	%	%	%	%	%	%	%	%	%	%	%	%
Method provision	74	53 ↓	77	34	81	68	84	77	97	60 ↓	62	61
Counseling (for users/acceptors)	56	43	46	62 ↑	57	50	56	47	41	69 ↑	71	38 ↓
Promotion (conducting lectures, mother class)	16	43 ↑	44	31	44	33	41	30	26	44 ↑	33	38
Motivation	18	34 ↑	23	30	38	31	29	20	13	32 ↑	19	20

- significant at 95% confidence level

III-H. PATIENT LOAD AND PROFILE

33. INCREASE/DECREASE IN FP-RELATED CONSULTATIONS

Half (51%) of HPs interviewed claim that FP-related consultations increased in the past 12 months. The same proportion also say that pre/post-natal consultations increased in the past year (49%). [Table 26]

Consistent with their claims, estimated proportion of patients who consulted on FP significantly increased in the post-survey (34-42%). This increase is more notable among midwives (30-50%). [Table 27]

Patients who usually consult about FP-related matters are mostly women who are below 30 years of age. [Table 28/29]

III-H. Patient Load and Profile (cont'd)

TABLE 26. WHETHER NO. OF PATIENTS INCREASED/DECREASED IN PAST 12 MONTHS

	FP-RELATED CONSULTATIONS		
	TOTAL %	PRE-NATAL %	POST-NATAL %
Increased	51	49	49
Decreased	34	34	35
Same	14	10	11
Did not consult any FP related-matters	1	8	6

only asked during post -survey
Base: Total respondents

TABLE 27. ESTIMATED % OF FAMILY PLANNING CONSULTATIONS*

	% OF PATIENTS WHO CONSULTED ON FP	
	BL	PS
TOTAL HP	34	42 ↑
Doctors	31	34
Nurses	34	38
Midwives	30	50 ↑

figures used are averages
Base: Total respondents

- significant

III-H. Patient Load (cont'd)

TABLE 28. PROPORTION OF MALE-FEMALE PATIENTS

	% OF PATIENTS WHO CONSULTED ON FP			
	MALE		FEMALE	
	BL	PS	BL	PS
1-20%	42	31	2	1
21-40%	33	36	2	3
41-60%	10	8	16	20
61-80%	2	2	41	34
81-100%	1	1	39	42
NONE	12	23		
AVERAGE	26	29	77	78

Base: Total respondents

TABLE 29. AGE GROUP OF PATIENTS

	% OF PATIENTS WHO CONSULTED ON FP	
	BL	PS
Below 30 years old	83	79
30-45 years old	26	32
46-65 years old	7	3
65 years old and above	3	1

**figures used are averages*

Base: Total respondents

IV. APPENDIX

IV. Glossary

TERM/ACRONYM	DEFINITION
AED	- Academy for Educational Development
BBT	- basal body temperature
BHS	- barangay health stations
BL	- baseline
DMPA	- Depot-Medroxyprogesterone Acetate
DOH	- Department of Health
EBM	- Evidence-Based Medicine
FP	- family planning
GREEN BOOK	- National Family Planning Service Guidelines
IUD	- intrauterine device
LAM	- lactational amenorrhea method
LGU	- Local Government Unit
NOT TRAINED HPs	- health providers not trained by TSAP-FP
PS	- post-survey
RHU	- rural health units
SARS	- severe acute respiratory syndrome
TRAINED HPs	- health providers trained by TSAP-FP
SDM	- standard days' method
SQ	- special quota, TSAP-FP trained HPs
TSAP-FP	- The Social Acceptance Project - Family Planning
UNWTD	- unweighted, sample not projected using census based results
WHO	- World Health Organization
WTD	- weighted, projected figures based on census results to yield representative figures at the national level

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